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PREFACE

BLINDNESS 1968 is the fifth issue of an annual published by the American Association of Workers for the Blind under a training grant from the Vocational Rehabilitation Administration, Department of Health, Education, and Welfare. It is our plan to provide a forum for important and timely articles—with depth—in our own field and in related fields. Experts in the many categories of work with blind persons will be commissioned to conduct the essential research and prepare the articles so that their continuing value will be assured.

Copies of BLINDNESS 1968 are distributed to members of the Association as a function of membership. The Library of Congress, Division for the Blind, will make the annual available for regional libraries in both braille and recorded form.

BLINDNESS 1968

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PAUL C. O'NEILL *is Director, Public Relations, Canadian National Institute for the Blind, Toronto, Canada.*

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This newly created agency (August 15, 1967) embraces the functions of the Children's Bureau, the Vocational Rehabilitation Administration, Welfare Administration, the Administration on the Aging, the Division of Mental Retardation, Medical Services Administration and Assistance Payments Administration (providing guidance to state and local agencies in the administration of money payment aspects of public assistance programs).

MARY E. SWITZER, *formerly Commissioner of Vocational Rehabilitation, H.E.W., is now the Administrator of this Service.*

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THEODORE D. WOOLSEY *is the Director, National Center for Health Statistics, Public Health Service, H.E.W., Washington, D.C.*

RONALD WILSON *is Acting Chief, Survey Methods Branch, Division of Health Statistics, Public Health Service, H.E.W.*

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Reading, as used in this article, is defined as the oral delivery of printed matter; blind persons will be considered to be those whose eyesight is so impaired that the text of most printed books, magazines and newspapers cannot be grasped. These persons are "functionally blind."

ROBERT S. BRAY *is Chief, Division for the Blind and Physically Handicapped, Library of Congress, Washington, D.C.*

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H. ROBERT BLANK, M.D., *is Associate Clinical Professor, Albert Einstein Medical College of Medicine, Yeshiva University, New York City; Associate Editor, The Psychoanalytic Quarterly and a member, Subcommittee on Rehabilitation, National Neurological Diseases and Blindness Council.*

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For the past 10 years the author has traveled the length and breadth of the country and has had opportunity to observe the programs of many agencies and to witness the effect of many activities on blind persons as well as on the sighted public.

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R. TOWNLEY PATON, M.D., *was a practicing ophthalmologist in New York City from 1931 to 1961 and is now in private practice in Southampton, L.I. Founder of the Eye Bank for Sight Restoration, Inc., New York City, he is its Medical Director and Vice President.*

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A Portrait of Mr. Irwin, by BERTHOLD LOWENFELD, *accompanies the article.*

THE FIRST HALF CENTURY IN CANADA

By Paul C. O'Neill, M.A.

A nation like no other . . . . larger than the entire continent of Europe, second in size only to Russia–that is Canada. Yet in spite of the big lands most of her 20 million people live within 200 miles of the United States border. With her first hundred years just completed, Canada has made several unique achievements.

She leads the world in supplying asbestos, nickel, uranium and newsprint. Her national sport, hockey, is now taking hold in several countries across the globe. Canadians have led in the discovery of radium, insulin and other medical products close to the heart of man the world over and they have done it from their studies and laboratories far removed from one another across the continent.

Some live on the west coast, separated from the rest of their fellow Canadians by the Rockies, a range of mountains more than 14,000 feet high. Those who live in the Prairie Provinces of Alberta, Saskatchewan and Manitoba with their record production of oil and grain, frequently live 40 miles from their nearest neighbor. Next come Ontario and Quebec, the industrial heart of the nation. Three Maritime provinces, Nova Scotia, New Brunswick and Prince Edward Island, sustain Canada's place in the fishery and forestry markets. Newfoundland has the largest pulp and paper mill in the world. Canada's far north divides the Arctic regions in two sections–the North West Territories and the Yukon. The Yukon became famous for its Klondike Gold Rush in 1898 and today these lands are recognized as rich in the industrial minerals of modern life. The North West Territories contain about one third of Canada's acreage and is the home of the Eskimo.

Observing 50 Years of Service

Canada is a nation of different kinds of people with different cultures, customs and financial goals. Both English and French appear side by side on the currency of the realm and on government documents. French radio stations transmit their signals in cities far removed from the province of Quebec which, until recently, was considered the stronghold of the French language.

Against this background of ever-changing values, where half the population is under 25 years of age, The Canadian National Institute for the Blind is celebrating 50 years of service through 1968. To meet the needs of the blind segment of the nation (about 26,000 people), CNIB has established 50 offices including 21 general service centres of modern design located in the major cities. Thousands of volunteers supplement the work of some 1,500 staff who bring every known service to the blind of Canada and, at the same time, conduct an ever-developing program in prevention of blindness.

Today's achievements stem from a staff of three and a handful of volunteers who brought the organization into being in 1918. Few knew the blind of that day and the popular public attitude was to hide the handicapped and ignore them. When Colonel E.A.

Baker, one of the founders and now Honorary President of CNIB, came home from France, among the first blind veterans of World War I, he found the only service for the adult blind was a small library circulating 26 books in New York Point, the antecedent of Braille. The library was about to be evicted from a small basement room because of lack of funds. The veterans and the library board joined forces, solved the shaky financial problems of the moment and set the CNIB in motion with a Federal Government charter on March 30, 1918.

From the beginning, CNIB was a national private agency with two primary objects set down in the constitution—"To ameliorate the condition of the blind of Canada and to prevent blindness". National headquarters was established in Toronto which was a credit to the forethought and judgment of the founders. At that time Montreal was the leading city and Ottawa was the capital. Yet the founding fathers saw the possibilities of Toronto because of its geographical location towards the centre of the country and even foresaw the city's leadership in the economic climate of the future.

Financial Support From Several Sources

CNIB is governed by National Council, a board of 45 volunteers elected annually from CNIB's eight divisions. Each division has a Board of Management, also made up of public-spirited volunteers who carry through on a provincial and community level the policies of service established by National Council. Each division is broken down into districts which are managed by Advisory Boards which are also made up of volunteers.

On the staff side the Managing Director and General Manager report to National Council. The Superintendent reports to the divisional Board of Management and the Executive Officer or Field Secretary reports to the local Advisory Board. Professional staff on national and divisional levels are available as consultants. These have been developed to direct specialized phases of the work such as employment and home teaching. Financial support is derived from several sources. CNIB is a member of more United Appeals and Community Chests than any other agency in Canada. The Institute also conducts its own drives in the non-chest areas and receives government grants from national, provincial and community levels. Hundreds of citizens have thoughtfully written CNIB into their wills with the result that a substantial income is now available through bequests.

Today's record is the result of a hard struggle which took place through the early years of the organization. Much of the first decade was spent in building volunteer boards, opening offices, locating the right personnel and finding the blind people themselves.

One of the first acts of the group was to start the sheltered shop program. The first department for men was opened in October, 1918, just seven months after the CNIB came into being. Two months later they opened a similar department for women. By 1920, 138 men were working in these shops in Halifax, Ottawa, Toronto, Winnipeg and Vancouver. In the early 20's news vending in small street corner stands was introduced. The newsstand provided a limited living in a world where opportunities were few, but perhaps more important, it served to bring the blind person out on the street, allowed him to mingle with the populace and to introduce him to his sighted neighbor for the first time. The newsstand served its purpose well but, with changing times and greater opportunity for the blind person, is no longer a part of the Canadian scene.

Mr. Clunk First Employment Officer

Another phase of early employment was the small lunch counter, established in factories, and tobacco and canteen stands in hospitals and public buildings. The first one, opened in 1928, saw cooking done on a hot plate and dishes washed in a bucket. The early operators soon began to apply home-made marketing skills to their new trade. With their stand built of makeshift material, it was easy to waft the pleasant odor of soup across the factory floor or to send the aroma of fresh hot coffee through the plant. Soon the lunch service and tobacco stand began to grow in size and number. Today CNIB is one of Canada's leading industrial caterers with both blind and sighted employees serving industry, government buildings and universities from coast to coast.

The employment service, now placing highly-skilled computer programmers and typists with an accurate speed of more than 60 words a minute, did not get under way until 1928. The first employment officer, Joseph F. Clunk, a blind person himself, imported from the United States because of lack of Canadian personnel, found almost all doors locked to the blind when he attempted to make the first placements in industry. Writing in the Annual Report of 1930 he says, "Some conception of the amount of work necessary to make a placement may be gained from the fact that 47 calls were made on one firm before final approval was secured." Today the employment service is a strong department headed by a national director with nine employment officers serving the blind of Canada. Last year, as a result of this service, some 2,000 blind Canadians earned more than $4,000,000–the highest sum on record.

From the beginning, training was recognized as an essential tool for the blind person. As early as 1920 the first class for home teachers was held and the students who graduated from that class may well be called the pioneers of the CNIB philosophy from coast to coast. Blind themselves, these teachers offered a tangible objective to their blind students and their example in many cases could be called heroic. They travelled by buckboard, sleigh and milk train. They stayed in the homes of their pupils and often fought icy blizzards en route to the remote communities of Canada. Through the years the role of the home teacher has changed but it is still her assignment to open the door and point the way to a better life.

Across the five decades, training has progressed in many different ways. Personnel grew in scope and number. In the early 30's, it became clear that a field secretary would be necessary to be responsible for the flow of service to the blind on a community level. Gradually other consultants, such as adjustment training specialists and PR officers, were added. This growth dictated the formation of a vocational training course. Today this course is highly-formalized with instructors from university, the medical field and the CNIB staff. It spans a four-month period and operates daily with frequent evening sessions. Its graduates over the past 10 years are now filling important CNIB posts from across the country.

Library Now Serving 5,000 Readers

Another recent development is a three-month course in adjustment training. Each and every service provided by CNIB contributes to the overall rehabilitation program. But for newly-blind adults, a special adjustment training program is provided. They move into a CNIB centre for a period of several weeks' training with a closely-drawn schedule aiming towards a useful life in family and community. Numerous professional persons from the CNIB staff guide the course.

The training program was interwoven with many other services. One of these was the national library which saw its greatest expansion in history over the past 10 years. With books on tape and disc and Braille volumes, the library is now serving 5,000 readers from sea to sea. It is also providing a special student service, offering text books in the medium of their choice. One hundred and fifty blind persons taking courses beyond the high school level make a heavy demand on this service. They keep busy 125 Braille transcribers and 50 tape readers in the supply of their books.

One of the prevention services now proving useful to the blind is the Low Vision Clinic. In its first year of operation, just concluded, the clinic assisted 283 partially-sighted people to read again. CNIB is one of the few agencies providing both a rehabilitation program and a prevention of blindness program. This service provides printed prevention pamphlets, films, articles for press and radio and material for television. Two ophthalmologists are retained on a consultative basis to direct the medical aspects of this program. Through this department, blindness prevention services are organized across all 10 provinces. Through this department eye services have been organized for Eskimo, Indians and others in the Eastern and Western zones of the Arctic and the far north, in cooperation with the Department of National Health and Welfare.

When Colonel Baker retired as Managing Director in 1962, CNIB set up The E.A. Baker Foundation for Prevention of Blindness. Its first aim was to continue the prevention interests he began during his 42 years of service. The Foundation provides scholarships, fellowships and specified grants to ophthalmologists practicing in Canada and their allied services for research, equipment and other facilities not available through regular channels. Canada was the first country in the world to have a national survey on the causes of blindness. Sponsored by CNIB, this survey required three years of research and was completed in 1964. It is still being requested by medical men around the world.

Planning Weir Guidance Centre

The growth of a Canada-wide program has brought numerous visitors from many countries from as far away as Asia and Australia in search of professional guidance. CNIB has been asked to lend personnel to aid the emergent countries. The first of these requests occurred in 1947 when the late D.B. Lawley was sent to assist in the launching of a service program for the Trinidad and Tobago Blind Welfare Association. In the middle 50's, Arthur N. Magill, then Superintendent of the Ontario Division, was sent to Egypt, Lebanon and Syria. There, under the auspices of the United Nations Technical Assistance Administration, he set up pilot projects on facilities for the blind and conducted special surveys for the U.N. CNIB was actively involved in the formation of the World Council for the Welfare of the Blind and Colonel Baker, then Managing Director, served as its first president, being re-elected for three terms from 1951 to 1964. Today, Mr. Magill, now Managing Director and 1968 President of AAWB, is a member of the Executive Committee and Program Convener for the WCWB 1969 conference in New Delhi, India.

Across the year, CNIB has many activities under way to mark its 50th Anniversary. The crowning achievement is to be the erection of the Arthur V. Weir National Training and Vocational Guidance Centre. Currently, being built at a cost of $950,000 and located on a three-acre site at the north end of the CNIB's property in Toronto, the new centre will include two wings—one made up of classrooms, lecture rooms, assembly hall, industrial training shop and administrative area—the other with residence for 40 persons, lounges, kitchen and dining room.

The centre will provide a complete program of assessment using psychological, social and medical services, to assist in determining realistic training and vocational goals. Once the goals are established, training will be given to the blind concerned for the various careers chosen. This will include training for CNIB staff positions and for careers outside the organization. The sighted taking positions on CNIB staff also will be trained here. A shop to simulate working conditions and make possible industrial evaluations and training in such fields as metal work, mechanics and assembly also will be included.

Another new feature will be an industrial laboratory for conducting job feasibility studies in such areas as servicing meters and motors. A self-contained suite is being planned for a course in housekeeping. Here, home teachers, blind themselves, will study the art of training blind housewives in household skills, and gain actual experience in home economics. Another service will be a summer seminar for prospective university students to assist in preparing them for attendance at university. A small library of Braille and talking books used in the various courses will be a part of the new centre.

The need for the Weir centre has come about through the big change in today's world. With education at the highest peak in history, the blind young person is better prepared for the modern work week and wants a job worthy of his capabilities. Computer programming is already under way. For the first time in Canada, teaching is now opening to the handicapped. University lecturing is proving a practical profession and social work for many years has opened the door to blind counsellors and administrators. Automation is bringing into play a whole series of new positions that, as recently as five years ago, were non-existent. This sphere will be carefully studied for further employment opportunities when the centre is completed next November.

Fifty years ago Canada was an agrarian nation with small towns where the individual was the dominant factor. Today, Canada is the scene of a drastic change to the urban civilization with large groups, committees and the interaction of many people. It is the age of the United Appeal instead of the personal gift, the network news service in place of the single station, and so on. The pace is faster and the goals higher. To help blind Canadians maintain their place in this changing scene CNIB is building as its chief gift to the blind, with their eye on tomorrow, the Arthur V. Weir National Training and Vocational Guidance Centre—truly a set of facilities geared to the needs of its second half century. It will be a dimension in training never possible before and a concept that will improve the employment picture of all Canadians.

THE SOCIAL AND REHABILITATION SERVICE–ITS PHILOSOPHY AND FUNCTION

By Mary E. Switzer

"We are partners in a grand adventure. We are offered the most challenging opportunity of all history: the chance to help create a new society in which men and women the world around can live and grow invigorated by independence and freedom."

Are these words from "the New Frontier" or "the Great Society"? Are they words sprung from a dreamer's hopes, coming to life from the ashes of a stricken society in our recent past? No, they were written a quarter of a century ago and come from the grass roots of our country, in a world wracked by war. But they are relevant now, as in a new context we remember the phrases of Wendell Willkie.

Time Is of the Essence Today

Our world, as we know it today, is new. It is in revolutionary ferment. Its form is that of new people in an expanding population; new and complex social structures; and therefore, rising needs for more and better services for the disabled and the disadvantaged.

Our world is new because of the extent and tempo of change that characterizes our time. There is almost no way to compare the present with any other period of history. Man, in the past, had time to study and understand his environment. He had time deliberately and methodically to develop solutions to his problems. But the great social and political problems that appear to be closing in on us today seem to have no precedents. And today, time is of the essence.

To deal with the kinds of problems facing us now, our society needs men and women who think creatively. We need leaders, doers, managers, scientists–individuals who respect tradition, but who also are unafraid to question it. There is a particular need for such qualities among those who shape our social programs.

It was the determination to provide a setting in which imaginative management could achieve the best results that led to the reorganization of the Department of Health, Education and Welfare. A major feature of this reorganization was the creation of the Social and Rehabilitation Service (SRS) by Secretary John W. Gardner on August 15, 1967. The establishment of this new component of HEW, combining under unified direction the Department's far reaching social programs, is more than simply an organizational change. It involves, as well, a change of emphasis, a redirection of effort, a new approach.

The real significance of this is the spirit of innovation and renewed appreciation of the individual in modern society that it introduces into the organizational structure of our social programs.

In announcing the establishment of SRS, Secretary Gardner stated[1] that it was the merger of three existing agencies—welfare, vocational rehabilitation and aging.

There are three key features of the reorganization. First, in the new Social and Rehabilitation Service we have brought together the various services of HEW that deal with special groups: the aged, the handicapped, disadvantaged families and children.

Second, we have separated the administration of programs having to do with cash payments—that is, public assistance payments—from the programs offering rehabilitation and social services.

Third, we have established a single regional commissioner of the new Service in each of HEW's nine regions throughout the country.

Thus, it may be seen that HEW, working with and through the states, counties and local communities, will be able to provide increased help to these special groups. It helps toward meeting their basic needs, where necessary, by financing medical costs through Medicare and Medicaid, through cash payments for old age assistance and aid to the blind, and to the totally and permanently disabled, the families with dependent children. And it also provides a wide range of services aimed at rehabilitation in the broadest sense of that word—giving people opportunities to become self-supporting and self-sufficient, where possible; releasing and fostering their energies and talents; enhancing their capacity to cope with the world and to be responsible and participating citizens—thus enabling them to live their lives with some measure of dignity.

Program Due For Future Expansion

Rehabilitation can take many forms. It may mean, in one instance, giving a blind boy the training he needs so he can become a skilled mechanic. In another case, it may mean helping an elderly person find meaning and satisfaction through participation in a foster grandparents' project, at the same time providing a deprived youngster with the interest, attention and affection of a responsible adult. It can mean helping a bewildered and frightened AFDC[2] mother to develop a realistic budget, receive information about family planning, learn to cope better with the tasks of housekeeping and child-rearing, and perhaps get the training she needs so she can get a part-time or full-time job, providing day care for her children while she gets it. Already, we have had a good deal of success in preparing the unemployed parents of AFDC children and other needy people for jobs—about 36,000 have become partially or fully self-supporting under the relatively limited work experience program we have been running for the past two and a half years—and we expect to expand that program in the future.

Assigning the aged, the handicapped, the children special status within the new Service, while preserving administrative integrity, insures that each will receive the priority attention they need and deserve.

But we usually find that the trouble an individual or a family is facing is a combination of several related problems requiring a combination of approaches. And those problems, different though they may be, are all concentrated in that one person or one family; therefore, we must not take a fragmented approach. We want to encourage a unified approach to the problems of all these groups, with special emphasis on the family. We believe that the new Service can make this possible and that each of its parts can draw on the strengths of the others and that they can be mutually reinforcing.

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[1] Statement given by Secretary John W. Gardner to the press, August 15, 1967.

[2] Aid to Families with Dependent Children

The second key feature of the reorganization is that we have separated the two basic functions: the fiscal, on the one hand, and the services, on the other. The new Assistance Payments Administration will be responsible for the provision of policy guidance to state agencies in the administration of the money payment aspects of the public assistance programs. Several states and cities have already taken, or are contemplating taking, steps to separate the administration of payments and the provision of services, in the interests of efficiency and of saving scarce time and talent for the provision of rehabilitative services. But it should be emphasized that the form of organization we are adopting here is not intended to predetermine forms of organization at the state and local level.

Maximum Encouragement and Support

The third key feature of the reorganization is that an SRS commissioner in each of the regions will supervise all the programs and activities of the Service in his region and will give approval to all state plans. We expect that this will make it easier for the states and communities to deal with the Federal Government on all these matters.

This means, in effect, that we have not brought our social programs together in Washington alone; we have carried this organizational philosophy as far as we possibly could by implementing it in the regional offices. In this way, we are providing maximum encouragement and support for efforts to blend all kinds of Federally-supported social services at the points where they actually are delivered to the beneficiaries.

The vesting of substantial authority in the Regional Commissioners takes account of the necessity for close collaboration between public and voluntary programs and makes it easier to bring public and voluntary activities together. Voluntary agency representatives, as well as state and local officials, will find it much easier to deal with our Department's social programs than was the case before we had Regional Commissioners guiding these programs in their respective regions.

The greatest challenge to administrators of service programs today is to simplify the delivery of these services within the community and thus make it easier for individuals in need of help to find out where that help is available. No Federal reorganization can completely solve this problem. However, the changes made in the Department of Health, Education and Welfare will be helpful to agencies and individuals in the field in their efforts to serve the total family and individual needs of their clients, and to make our social programs more understandable and thereby more useful to people in distress.

For example, it would be possible now for a state to decide that it would provide fully for the health and welfare of its blind citizens—identifying the babies with visual defects through the health programs of the Children's Bureau, following the children through school age, and then working again through the school health programs of the Bureau to the time when rehabilitation services could be planned. At the same time, all of the Social and Rehabilitation Service components could ensure that other counterparts in the state had a firm plan for total service to all blind people; from children to the very old—planning and development could be accomplished through the Regional Office with the Regional Commissioner bringing in representatives of the health and educational programs of the Department, as well as the many voluntary agencies, to complete the picture.

Citizen Involvement a Healthy Trend

Consumer desires long have been a dominant consideration in the American market place, and consumer desires also are taken into account in the design and the provision of most public services. However, until now, scant attention has been given to the desires and preferences of the consumers of some of our important social services such as public welfare. In the past, this may have been due to apathy on the part of those who depend on these services. But today, those who depend upon the Social and Rehabilitation Service programs show active concern rather than apathy. They are ready and they are able to communicate their needs.

Citizen involvement—particularly by those directly concerned—is a healthy trend. It is one that can be channelled into constructive efforts aimed at improving the quality of SRS services by making these responsive to the needs of the people. Accordingly, there is established within the Social and Rehabilitation Service an Office of Citizen Participation to take full advantage of the interest and concern of people who have first-hand knowledge of the services provided for them. This new Office will be of help to state and local welfare offices in making use of the great potentials of citizen volunteer energy, skill and interest.

Creation of SRS is based on the recognition that we must do a much better job of giving people on public assistance the help, the skills and the incentive they need to become independent. If offers the promise of better services for the many Americans who will continue to need assistance because of their youth, their age, their disability, or for other reasons. The aim, of course, is to do a better job of enlarging the area in which these individuals can improve the quality of their lives by their own efforts.

When Secretary Gardner pointed out that an Office of Research and Demonstrations was being created under an Assistant Administrator, he said, "Its sole charge from me, is to develop policies and projects that are innovative and experimental—all of them aimed at finding ways of delivering services more effectively, more efficiently, more quickly. That is the spirit we want to characterize all our efforts."

He added: "Some time ago we announced the establishment of the Center for Community Planning, attached to the Office of the Assistant Secretary for Individual and Family Services. This Center is now operating. We feel it is one effective means through which we can address ourselves directly to the problems of our central cities. And it provides a good example of the kind of unified approach we want to take. At the moment, for instance, the Center is cooperating with HUD in the development of neighborhood centers being established in 14 cities throughout the country. And it is receiving wholehearted cooperation from all the agencies in HEW that can be helpful: from the health people, from various units of the Children's Bureau, from mental health experts. The creation of a unified Social and Rehabilitation Service will greatly facilitate this kind of exchange of information."

Reorganization and Improved Services

Preparations for the changes included extensive consultations, going back over almost a year, with numerous state and local officials and many others in and out of government. The result is a new grouping of programs providing the machinery by which we can carry out functions and facilitate services to the people where they live.

The touchstone of the new organization and the philosophy underlying its services is rehabilitation—in the very broadest meaning of that term. Greater effort than ever before will be devoted to providing the kinds of help that will enable the poor and the dependent—as well as the disabled—to enter more fully and productively into community life. Stated in the simplest terms, the basic aim of the reorganization was to enable the programs in SRS to provide better services to the public. But to appreciate fully the implications of these changes, it is essential to emphasize again the organizational objectives stated by the Secretary.

First, the unification of the administration of closely allied social programs that deal with special groups—children and youth, the aged, the disabled (including the blind), and individuals and families in need of economic assistance. The new organization, therefore, identifies the specific target groups which its programs serve.

Second, in designing this new structure, the principle of separation of functions concerned with money payments to individuals on public assistance from those that involve the provisions of social service is fundamental. By this radical change in the approach to the administration of public welfare, it is hoped that scarce social service talent freed from preoccupation with the details of determining eligibility can concentrate on providing services stressing the rehabilitation of the welfare client.

Third, the reorganization took a major step toward decentralization of responsibility to its field offices by designating a single Regional Commissioner within each Region to represent the Administrator of the Social and Rehabilitation Service. His function is to oversee the field staff of the several bureaus of the Social and Rehabilitation Service and to coordinate the entire work of the Service in the Region. Specific delegations include the approval of state plans and certain projects developed within the Region.

The following agencies comprise the operating program of the Social and Rehabilitation Service:

Rehabilitation Services Administration: responsible for programs aiding the handicapped, including migrant workers, disabled Social Security applicants, the mentally retarded (especially through the Bureau of Mental Retardation transferred from the Public Health Service), and for services for the blind and the permanently and totally disabled.

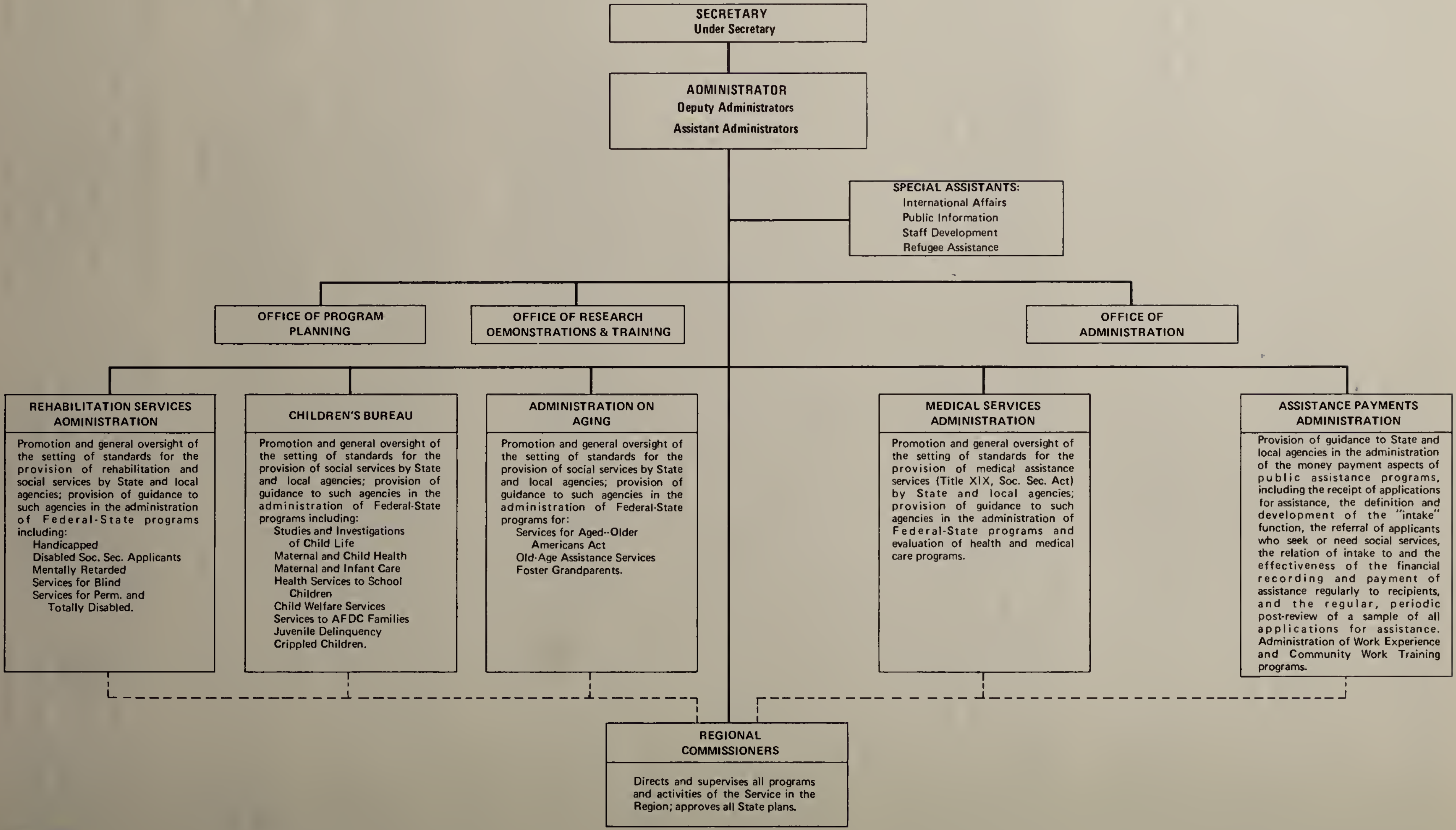
Children's Bureau: responsible for studies and investigation of the status of children, and for Federal-State child welfare, maternal and child health, crippled children and juvenile delinquency programs, for health services to school children and for family and child welfare services, including the development of day care and family planning services.

Administration on Aging: responsible for administration of the Older Americans Act and collecting and disseminating information on the status of Older Americans, and for services for the aged, (including insurance and assistance beneficiaries) standards for services to OAA beneficiaries, and the Foster Grandparent program.

Medical Services Administration: responsible for medical assistance services by state and local agencies, including Title XIX programs. This program was separated from the administration of assistance payments because of its size, complexity and importance for the future. With the enactment of Title XIX in the Social Security Act in 1965, a far-reaching new benefit was provided for recipients of public assistance grants, and in many states for medically indigent persons who were not receiving welfare payments.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Social and Rehabilitation Service



REHABILITATION SERVICES ADMINISTRATION

Promotion and general oversight of the setting of standards for the provision of rehabilitation and social services by State and local agencies; provision of guidance to such agencies in the administration of Federal-State programs including:
- Handicapped
- Disabled Soc. Sec. Applicants
- Mentally Retarded
- Services for Blind
- Services for Perm. and Totally Disabled.

CHILDREN'S BUREAU

Promotion and general oversight of the setting of standards for the provision of social services by State and local agencies; provision of guidance to such agencies in the administration of Federal-State programs including:
- Studies and Investigations of Child Life
- Maternal and Child Health
- Maternal and Infant Care
- Health Services to School Children
- Child Welfare Services
- Services to AFDC Families
- Juvenile Delinquency
- Crippled Children.

ADMINISTRATION ON AGING

Promotion and general oversight of the setting of standards for the provision of social services by State and local agencies; provision of guidance to such agencies in the administration of Federal-State programs for:
- Services for Aged--Older Americans Act
- Old-Age Assistance Services
- Foster Grandparents.

MEDICAL SERVICES ADMINISTRATION

Promotion and general oversight of the setting of standards for the provision of medical assistance services (Title XIX, Soc. Sec. Act) by State and local agencies; provision of guidance to such agencies in the administration of Federal-State programs and evaluation of health and medical care programs.

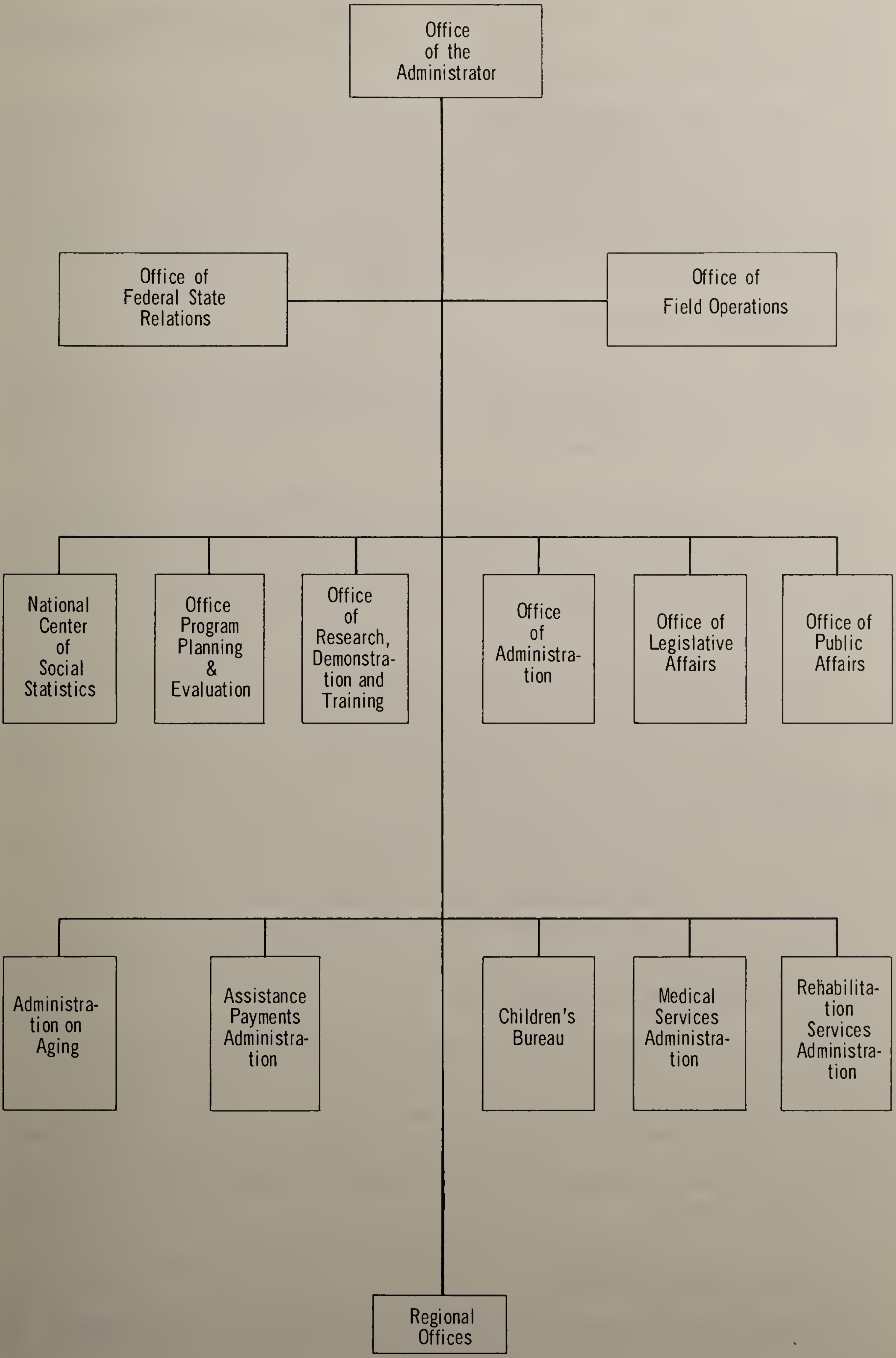
ASSISTANCE PAYMENTS ADMINISTRATION

Provision of guidance to State and local agencies in the administration of the money payment aspects of public assistance programs, including the receipt of applications for assistance, the definition and development of the "intake" function, the referral of applicants who seek or need social services, the relation of intake to and the effectiveness of the financial recording and payment of assistance regularly to recipients, and the regular, periodic post-review of a sample of all applications for assistance. Administration of Work Experience and Community Work Training programs.

REGIONAL COMMISSIONERS

Directs and supervises all programs and activities of the Service in the Region; approves all State plans.

August 1967


Office of the Administrator
Office of Federal State Relations
Office of Field Operations
National Center of Social Statistics
Office Program Planning & Evaluation
Office of Research, Demonstration and Training
Office of Administration
Office of Legislative Affairs
Office of Public Affairs
Administration on Aging
Assistance Payments Administration
Children's Bureau
Medical Services Administration
Rehabilitation Services Administration
Regional Offices

This new Title, popularly called "Medicaid," provides payments for a wide range of hospital and medical services. It can be one of the most significant bulwarks against disease and disability for people at or near the poverty level.

Assistance Payments Administration: responsible for the money-payment aspects of public assistance programs and for the administration of Work Experience and Community Work Training programs. This new agency is the heart and core of a new focus in providing guides to state and local agencies in changing and improving the administration of their public assistance programs. Its activities will emphasize the principle of separation of the determination of eligibility from the giving of service and thus improve the administration of public welfare programs in the future.

The Challenge and the Opportunity

Throughout all the planning and during the early months of the organization of the Social and Rehabilitation Service, Secretary Gardner emphasized over and over again the basic philosophy underlining his decision to create the new Service. He said it in many ways, but the following expresses it well:

"A word about rehabilitation: I use the word in its broadest sense. By rehabilitation I mean giving people the chance—and the challenge—to develop their own resources, inner and outer, to become as independent and responsible as possible. I mean giving people the chance and the challenge to make the most of their talents and their lives and to find personal satisfaction and fulfillment through participation, to live their lives with some measure of dignity."

The magnitude of the task of applying this principle to the far-reaching corners of our country is well illustrated by a few current facts.

In partnership with state and local government, and with voluntary agencies and institutions, the Social and Rehabilitation Service will have responsibility for a large number of persons:

—About 7.6 million persons (four percent of the population) receive cash assistance at any given time under Federally-aided programs. These payments total about $4 billion annually, of which 62 percent comes from the Federal government, and the balance from state and local governments.

—Almost 200,000 persons are rehabilitated for gainful employment each year through vocational rehabilitation programs.

—Over 6 million needy persons receive medical services each year through Federally-assisted programs, including the new Title XIX Medicaid program.

—Over 600,000 children receive child welfare services related to adoption, foster care, or neglect.

—Over 450,000 crippled children receive medical services each year with Federal assistance.

—More than 250,000 women received family planning help last year through Children's Bureau programs.

—More than 700 projects assisted by the Administration on Aging provide services for many of the 19 million Americans over 65.

The combined 1967 appropriations of the HEW components joined in the SRS totalled $4.8 billion in Federal funds.

To give reality to the principle of separation of services and the determination of eligibility, it was necessary to build a more constructive context into the operating Bureaus which administer the programs, and to provide them with the essential capacity to develop needed services for special target groups. To this end, the responsibilities for developing services to former public assistance agencies concerned with aid to the blind and aid to the totally and permanently disabled have been transferred to the Rehabilitation Services Administration. Similarly, those services for recipients of Old-Age assistance have been made a responsibility of the Administration on Aging.

Perhaps the most fundamental change of all has been the transfer to the Children's Bureau of the full responsibility for developing services for the recipients of Aid to Families with Dependent Children. These services include not only the traditional child welfare services of the Children's Bureau, but also development of day care programs for mothers who will be involved in the work incentive training program, and family planning services which are an integral part of the newly-required plans for all families on AFDC.

The theory behind this transfer of function is that agencies—Federal, State, and local—whose main objective is service to a particular group of disabled or disadvantaged people, are more aware of the services that can improve the condition of their clients than a general welfare agency. Amendments to the Social Security Act, signed by the President on January 2, 1968, provide many new ways in which such services can be promoted and provided. One important additional authority given to the state welfare departments provides for the purchase of needed services for the recipients. This makes it possible, therefore, as an example, for agencies concerned with rehabilitation of the blind wishing to improve the mobility and independence of applicants for or recipients of "aid to the blind" to purchase this highly-skilled service from a local community agency, as well as to provide staff assistance to accomplish the objective.

It cannot be stated too often that the Social and Rehabilitation Service is dedicated to the principle that public services should be responsive to public needs and that these needs change, particularly in our society and at this time.

The welfare system of this country has been subjected to wide criticism, some of it deserved and constructive, and some of it grossly unfair. All of us who have anything to do with welfare programs recognize that changes are in order. Some very far-reaching changes already are being put into effect within the welfare system, and others will follow. These changes, both current and future, can be brought about within the framework of our reorganization. The activation of SRS reflects one of our main objectives in the administration of public welfare programs. That objective is to provide intensive help to recipients of public assistance who could—with the proper kinds of services tailored to their needs—become employable. In other words, we seek to rehabilitate that important minority of welfare recipients who possess latent potentials for self-sufficiency. This will require the closest collaboration between rehabilitation and other welfare agencies—a collaboration that is fostered by the organizational characteristics of SRS.

Never before in our history has national attention been focused upon medical care—especially for the poor—to the extent that it is today. Perhaps this fact reflects the growing realization that good health is an essential element in individual achievement and in economic and social stability. There also is a growing realization that reasonably adequate medical services have not been available generally to the poor, and that this deficiency is one that weakens the entire Nation.

Medicaid to Aid 8.5 Million in '69

Medical assistance continues to grow in importance in the field of public welfare. In the Social and Rehabilitation Service, we have recognized this trend by the establishment of the Medical Services Administration and by the ever-increasing responsibilities of the Children's Bureau for the health of mothers and children. Some idea of the magnitude of the Medicaid operation can be gained from the fact that in 1969 we anticipate that 8.5 million persons will receive assistance through the Medicaid program. Services include in-patient and out-patient hospital care, physicians' services, nursing home care for adults, and related laboratory, x-ray and other services for welfare recipients.

One of the most important aspects of the reorganization and one of the most promising channels for innovation and the development of new ideas is the establishment of an Assistant Administrator for Research Demonstration programs of the former Vocational Rehabilitation Administration, together with the Welfare Administration. In addition, this office has the responsibility for coordinating all of the research and demonstration programs of the Social and Rehabilitation Service, working with universities and private agencies and dedicated voluntary groups throughout the Nation, to pursue research in innovative mechanisms to be tried out and applied widely to improve the whole range of services to people. Applications for grants may be made directly to the Assistant Administrator, Research and Demonstrations, H.E.W., Washington, D.C., or to the S.R.S. Regional Office.

Another important arm of the Administrator's Office is the Assistant Administrator for Program Planning and Evaluation. Through this staff activity there will gradually emerge a unified approach to our legislative programs, a better chance of priorities in the use of our resources, thus working toward better services for all.

Perhaps no development of recent times is more significant than the movement to involve those we serve in the determination of the policies of service. The Public Welfare Admendments of 1967 took this important trend into account when it directed the public welfare programs not only to involve a wider range of volunteers in assisting the public officials, but also to work out ways in which recipients themselves could be part of the staff of these welfare agencies.

People Must Have Hope and Help

An additional factor of major importance is the necessity for better understanding by our citizens of the absolute necessity of a greater degree of knowledge and support of public welfare services generally.

In closing, I can do no better than repeat what I said on August 15, 1967, when I assumed the duties of the Administrator of the Social and Rehabilitation Service:

"Every community has substantial numbers of its citizens unable to do for themselves what is necessary for their daily living. Be they disabled, poor, young, old, or ill, people must have hope and help.

"The greatest concern of many of us today is to reach the people who need our service faster and more effectively. This means cutting down the barriers between agencies, public and private, and doing it now. This means a greater involvement of our citizens as neighbors. This means the encouragement of voluntary effort in all areas to insure more responsive action to meet human needs in our cities and towns.

"Secretary Gardner's vision of carrying the services of this Department more effectively to all people challenges us all to find new ways to do this. The creation of the Social and Rehabilitation Service is a direct response to this challenge.

"The task of all of us, as we give new life to this new Service, is to live up to—and go beyond—what we see today as its exciting promise."

THE USE OF SAMPLE SURVEYS FOR STATISTICS ON VISION IMPAIRMENT

By Theodore D. Woolsey and Ronald W. Wilson

The acceptance and use of survey data has greatly increased in the last two decades. The fate of TV shows, the positions taken by politicians, the location of business establishments, the introduction and distribution of new products, and numerous important decisions of governments rest upon the data gathered in surveys. In recent years health problems increasingly have been investigated by means of surveys, and more has been learned about the best ways to go about the task and the pitfalls to be avoided.

This paper will discuss data collection systems in general, and in particular the use of sample surveys for collecting data on vision impairments. The authors do not claim any expert knowledge of the field of blindness or services to the blind. We can, however, generalize from our experience with systems for the collection of health statistics to point out some of the strengths and weaknesses of various mechanisms and how these might apply to the problems of statistics of vision impairments.

Significant Implications For Method

As a starting point in deciding on the general strategy for gathering data for statistical purposes, one must, of course, have a clear idea of what is to be measured and how it can be operationally defined. This immediately raises the question: "What constitutes an impairment of vision?" While we shall not deal with this question in this paper, it is one that each researcher must answer for himself in relation to the purposes of his investigation. Some of the factors to be kept in mind are: Should the legal definition of blindness be used? If so, there are certain implications for data collection strategy. Does the purpose suggest instead some functional definition, such as that used in the national Health Interview Survey, based upon ability to read ordinary newsprint with glasses? Again, there are significant implications for method. Should the definition be comparable with ones used in other studies or do the objectives require that something new be devised?

Whatever definition is adopted it must be one that can be made operational; that is to say, one must be able to set down reasonable field procedures that will produce objective data corresponding to the definition. This is not always as simple as it might seem, because in the health and social sciences one often encounters concepts that are difficult to quantify. We might think, for example, that we know exactly what we mean by the term, "adequate," but it is hopeless to go into the field without defining it operationally.

Another decision of importance that must be made at an early stage concerns the type of statistical summary measure needed. In the study of disease and impairment there are two that are most frequently used: prevalence and incidence rates. The prevalence rate measures the proportion of a population with a disease at a specified point in time.

Since it is almost impossible to collect data on a population for one point in time, in practice prevalence rates are based on the number of cases that existed during a specified interval of time, usually the time period during which the data were collected. Incidence rates measure the frequency with which new cases of a disease occur in a population. Both measures are appropriate for the study of vision impairment so it is important that the differences be kept clear since the type of measure to be used will determine to some extent the type of data collection system that must be set up.[1]

The major purposes for which the statistics on vision impairment are to be collected also enter into the decision about what types of collection system are most appropriate. The reason that this is so will be discussed later, but at this point it will help to indicate some of the major purposes for which health statistics are usually collected. Here, we shall draw from the experience of the National Center for Health Statistics in dealing with large numbers of "consumers" of health statistics. The following are four major categories of use as we have encountered them:

1. To delineate the overall magnitude of a problem, to compare it with other health problems, to estimate the size of a program to meet the problem, potential workload, probable budget required, and to answer other questions in the area of problem identification and program planning.

2. To measure progress and evaluate the effectiveness of service programs. For this use it is apparent that the collection system must be a repetitive or continuing one in order to permit showing how the situation has changed in time.

3. To study the epidemiology or etiology of the health problem. If the problem is vision defects, one will certainly put emphasis on learning the causes, to the extent they are known, and the demographic, social, economic, genetic, and other factors with which the condition is associated. Here the information is to be used in the more traditional research sense, and while comparisons of the main variable in various population subgroups is necessary, it is perhaps not so important that data be collected for the total population to which the results are to be applied.

4. To study treatment modes, rehabilitation and economic aspects of the health problem in order to find more effective or more efficient ways of providing care. This is similar to the third in being a research type use but differs in that the principle variables are likely to be different. But it differs also in that we are intuitively a little less content to study only a convenient subgroup of the total population. The relationship of a disease process with biological and demographic variables is usually more stable from one population subgroup to another than is, let us say, the relative success of different approaches to rehabilitation.

Time To Examine Possible Strategies

There are, of course, other types of uses or objectives of data collection on vision impairment, but many that one encounters in day-to-day experience fall into these categories, and it perhaps already has begun to become clear why methods differ, depending upon objectives.

The foregoing has dealt with some of the thinking that goes on before a strategy of data collection is decided upon. It is now time to examine the possible strategies for gathering information about a health problem in the population. There seem to be three that are generically different and many combinations and variations of these three.

First, we can question the people themselves. This can be done by a direct interview or a self-administered questionnaire, and the information can be provided by the person himself or, as is necessary in the case of children or people who cannot be reached for one reason or another, by a closely related person.

Second, the information can be gathered by subjecting the individual to clinical tests and measurements, as, for example, a Snellen Chart test, done specifically for the purpose of the survey.

Third, information can be gathered from records of treatment or service that is provided in the course of day-to-day health care or rehabilitation. These might be records already created for another purpose or recording that was done specifically for survey purposes. Most case registers are built up from records of care or services.[2]

The appropriateness of these three strategies differs, depending upon the operational definition that has been selected, the summary measure to be used, and the category of use to which the data are to be put.

Furthermore, there is another option that must be exercised—whether to cover the population completely, as one does, for example, in a population census or a case register, or whether to select a representative sample in some way. We turn now to the matter of sample surveys.

It is not necessary to dwell for long on the general advantages and disadvantages of population sample surveys, since these frequently have been discussed elsewhere. There are clearly advantages if one can go directly to the population of interest and make some sort of uniform observation on the extent of visual impairment. Starting in this way makes possible the securing of a representative picture of the situation in the group about which one wishes to draw conclusions, commonly referred to as the "target population". This can either be a population that is known to be receiving service, or, more usefully, it can be a general population, in which case the observations will provide information on those not receiving service as well. The target population can be covered completely or it can be sampled, and nowadays the technical problems of drawing a sample have largely been mastered.

Learning About Subgroup of Concern

Sampling has the obvious virtues of saving money and reducing the total burden on subjects of the investigation. These are both considerable advantages, but when the characteristic in which one is interested is rare in the general population, large samples are required to provide data of adequate reliability. At the extreme, one may find that the desired degree of reliability requires so large a sample that the above-cited advantages of sampling largely disappear. And this has been a perennial problem in statistics on blindness—true blindness, or even severe visual impairment, are rare characteristics by the statistician's standards, and we are constantly faced with the problem of how to finance a large enough sample.

But, setting this difficulty to one side for the moment, suppose one takes a general population group as the target and gathers information, by one of the methods hitherto discussed, about a representative sample of members of that population. One can, by this means, simultaneously learn about the subgroup of concern, those visually impaired, and about the exposed-to-risk population, thus permitting computation of incidence or prevalence rates according to demographic, social and economic characteristics of the population. The method is flexible and can be designed to meet specific needs for data. Interpretation is generally a good deal simpler and more straightforward than when one goes directly to records of services provided or data that are the by-product of a system designed for other purposes, such as a social insurance plan or a case register.

The major problem one is left with is the expense, but there are other difficulties which must be recognized and overcome. Quite apart from money, general population surveys tend to be operationally more complex, require more statistical competence in the design and management, and even abundant funds will not help much in overcoming reluctance on the part of the ordinary citizen to participate or provide information in a survey. Nevertheless, the techniques of conducting sample surveys in general population groups are constantly being improved and, given adequate resources, there is every reason to use this method for obtaining statistics. There are even methods, which will not be dealt with here, which are specially suited for sampling rare characteristics.

It is usual in sampling in general population groups to take the household as the ultimate or penultimate unit of sampling. If information is obtained about all members of a sampled household, there are cost advantages, since information about several sample members can usually be secured at a single visit, but, in addition, there is opened up the possibility of collecting data on the impact of the impairment on other members of the family.[3]

We have dealt so far with the matter of sampling as though the design were independent of the method to be used for identifying the blind or visually impaired members of the population. Actually, the selection of the method of measurement will have much influence on the sample design, since unit costs and logistical problems differ widely, depending upon the method.

As previously indicated, there are basically three methods that are suitable for gathering information about visual impairment in a general population: asking questions, conducting examinations and gathering records of care or services. It may be worthwhile to consider for what purposes each of these methods is best suited. Much of what follows can be illustrated by the experience of real surveys, but it is also reasonably self-evident when one stops to think about the characteristics of these three methods.

Value in Employing Definition

When we gather information by asking questions we are asking the individuals to report on their own feelings and experiences as well as those of other family members. They cannot tell us, of course, about things beyond their ken, such as, for example, the Snellen rating in each eye or the field of vision in degrees. However, persons can tell us what they and other members of the family can and cannot do. What an individual says he can and cannot see is partly a function of such things as morale and beliefs. But these attitudes are reflected in the individual's behavior and thus may be just as much of a reality and, in some connections, equally as important as the physical measurements of the eye. Hence, when we need to know how a person behaves as a result of his impairment, whether he acts blind, then asking questions may be the method of choice.

Sometimes there is value in employing a definition of severe visual impairment based upon criteria of how much the individual can see of the common things in the world about him. If such is the case, then too, questioning him about what he can and cannot see can provide prevalence statistics according to this functional definition. This is what has been done in the Health Interview Survey part of the National Health Survey where ability to read ordinary newspaper print with the help of glasses is the criterion. While such data have undoubted usefulness, they must not be mistaken to mean blindness prevalence, for that has an official clinical definition.

It should be understood, however, that questionnaire data must be used with a clear appreciation of what they are. They are more susceptible to response variability and various kinds of bias (e.g. variability associated with the interviewer or bias introduced by the particular form of the question). Cultural groups may differ in their norms of expected visual acuity. A Navajo, for example, may be disturbed at inability to see a sheep on the distant horizon. Age groups certainly have different norms, and these may affect the age curve of professed impairment. And so forth.

We must not, therefore, be led astray by the fact that collecting data by asking questions is vastly cheaper than by examination. The essential thing to keep in mind is that if we wish to know how the individual reacts, or behaves in the face of impairment, asking questions is appropriate and is about the only feasible method of making observations.[4]

On the other hand, where clinical criteria of visual acuity are needed, or where data must be tied to the accepted definition of blindness, then it is obviously necessary to make direct clinical measurements on the sample. This is likely to be the case when the objective of the study is epidemiological or etiological research. Culture-free and demographically unbiased statistics will be required for drawing conclusions in most research of this type.

However, it must not be supposed that such data are free from errors of measurement and bias. Even assuming that one has financial support for examining a sample of adequate size, the problems of bias due to non-response are likely to be very much more severe in surveys of this kind. If measurements are to be made using sophisticated equipment under standard conditions of lighting, etc., the examinees must be brought to some central point. (The cost of bringing a mobile clinic directly to the home is apt to be prohibitive for general population samples). The task of persuasion is formidable, and many who fall into the sample refuse to participate.

Data Often Can Be Worthless

Substitution of a willing examinee for an unwilling one does nothing to reduce the bias brought on by the undoubted differences in vision characteristics of the average participator and the average non-participator. The degree of bias is directly related to the fraction of those drawn into the sample on whom no observation is made. This is a hard fact, and there is a tendency to overlook it, but to put it bluntly, if you examine only 60 percent of the whole sample, the data are often worthless. This is true whether we examine or ask questions, but experience indicates that non-response to an interview is usually far less of a problem.

Furthermore, standardization of the measuring instrument—the examination in this case—is exactly as important as it is in the case of the interview or mail questionnaire, and no less difficult. Even well-trained ophthalmologists will differ in the way they conduct an examination and may be more intractable to accepting standardized procedures than, for example, the housewife employed to conduct interviews.

Here the problem is likely to be one of getting everyone on the study staff to accept the fact that errors of measurement and idiosyncrasies in techniques do occur in everyday practice, and it is, therefore, necessary to accept and abide by a rigid protocol. With this acceptance the process of measurement is undoubtedly more objective than asking questions and more suitable for epidemiological research.

It is hardly necessary to point out again that one of the major drawbacks of the examination survey is the high unit cost of carrying out the examination relative to the cost of a mail questionnaire or interview. This differential is less but is still great if the examining service is provided free at some central point or points.

The possibility of combining the two approaches—questioning and clinical examination—will occur to everyone and should be discussed. There are obvious advantages in gathering both kinds of data in the same operation, and, in fact, no examination survey could be carried out without relying to some extent upon asking questions, both for medical history data and for learning about personal characteristics of the examinees for analytical purposes.

The combination should permit a considerable enrichment of the data on the extent and nature of the visual impairment and the individual's functional capacity. Nevertheless, the major elements óf cost, the unit cost of the examinations, remains the same. Its impact on the total cost can only be reduced if somehow the questioning can help to reduce the number of examinations that have to be done. This is clearly possible if the objective is to estimate the prevalence of blindness, since it is only necessary to ask a few questions to identify a large fraction of a general population sample that is clearly not blind. It should be possible to keep the "false negatives" in this group to trivial levels and to examine only the remaining segment in which blindness is most likely to be found. Note that this does not reduce the overall sample size needed because that is determined by the actual proportion of blind persons in the population, the amount of detail in which we wish to classify the blind persons in the analysis (for example, by age, sex, and etiology and the precision with which we wish to know the results). Yet it is clear that by this so-called "double-sampling" procedure we do get more information for a given investment of resources.

This procedure has been used by Josephson in his survey of Cleveland[5] but the purpose there was somewhat different. In addition to trying to estimate the number and characteristics of the blind, he was interested in studying the inter-relationship of functional and clinical definitions of blindness. Further trial of the double sampling procedure for obtaining statistics on the prevalence of blindness should certainly be undertaken.

Must Use Large, Expensive Samples

So far as we know, no one has yet tried to gather data on vision defects using a general population sample in combination with the third method of gathering data—records of services. Though this is theoretically possible, it does not seem to have the advantages of other methods. Routine records of services for a cross-section of the population would undoubtedly prove to lack comparability and would be difficult to use for statistical analysis, except for hospital records which are kept in a reasonably uniform manner. Still another possibility is to directly sample the sources of care or services and create a uniform ad hoc record for each visual impairment case found to have been served. This has the advantage of being much more economical than sampling the general population but lacks the important feature of the latter—that of being able to gather information about the impaired and unimpaired simultaneously, thus providing the proper "exposed to risk" base for analysis.

All of the foregoing does not mitigate the underlying difficulty in using sample surveys for statistics on vision impairment. However defined, severe vision impairments and blindness are, fortunately, not common attributes in the population by the statistician's standards. Therefore, large and expensive samples must be used, particularly if the need is for statistics showing demographic and social variables in some detail. Some mistakenly believe that the difficulty can be avoided by covering a limited population completely, let us say the inhabitants of some small town. This gets us no further if our purpose is to draw conclusions about a larger target population of which the town is a part. All we have done is to select a sample that is less than optimal. Study of limited populations are by no means worthless, though, if the purpose is to study some etiological relationship, since our intuitive feeling is quite strong that such relationships, if they hold true in one population, hold true in all.

Aside from this, however, there is no substitute for a large representative sample of the desired target population. Having carefully thought through the desired uses of the data and the statistical summary measures, some variation of the basic methods of data collection can be selected. This paper has by no means exhausted the money-saving strategies that can be employed, many of which can be found in textbooks. However, it is hoped that the reader has gained some appreciation of the problems, advantages and disadvantages of sample surveys for collecting information on vision impairments.

FOOTNOTES

[1] For a discussion of prevalence and incidence see: Dorn, Harold F., "Methods of Measuring Incidence and Prevalence of Disease" American Journal of Public Health, 41: 271-278, March, 1951.

[2] Goldstein, Hyman, "The Blindness Register as Research Tool" Proceedings of the Symposium on Research in Blindness and Severe Visual Impairment," American Foundation for the Blind, May, 1964, pp. 5-16.

[3] There are special problems associated with extending the sample to cover the blind family members in institutions. The usual approach would be to cover the institutions in a separate stratum of the sample.

[4] It would be interesting, however, to compare the answers to questions about behavior in the face of impairment with direct longitudinal observation of the same.

[5] This study also tested the use of telephone interviews for the screening questions. See Josephson, Eric, "A Pilot Study of Visual Impairments," in *Proceedings of the Symposium on Research in Blindness and Severe Visual Impairment,* American Foundation for the Blind, New York, May, 1964.

ARCHITECTURAL BARRIERS AND THE BLIND

By Christine F. and F. Cuthbert Salmon

It has been said that architecture is one of the visual arts. If this were its only attribute, it would have meaning for only those who could see it and judge its appearance. Yet, architecture can and does have meaning for anyone who experiences it. Something felt, something heard, something sensed within a space can give either satisfaction or dissatisfaction to those who occupy architecture. It is there to touch, to test, to be explored by those who can see and those who are blind.

Architectural barriers frequently prevent the use or enjoyment of a building. Such barriers can take many forms. For the man with a coronary, an exterior stairway can only be translated to mean "stay out." For someone in a wheelchair, a doorway that is too narrow prevents use of the building. To those who are blind, a space that distorts sound can give false clues and misdirections. Even for those with no disabilities, a space may seem large or small, far or near, warm or cold, depending upon the use of materials and methods of construction.

Need for Freedom of Access, Utilization

Our concern here is to understand how buildings can be most effectively used by blind persons, both children and adults, so that architecture may augment and enhance the life of the blind. Our concern is the elimination of architectural barriers so that the blind may have a life of independence and full equality with freedom of access and utilization of buildings and facilities.

The total environment, as distinguished from any specific element of it, is the setting for all people. The blind person perceives his environment through senses other than sight. Hearing, touching, smelling are the avenues to the mind that carry the message of architecture. It is of greatest importance that the environment of the blind person exerts a continuously constructive influence through maximum use of other-than-visual stimuli.

Visual aspects of the environment may be transmitted to the blind through communication with sighted persons. Though vicarious knowledge is inevitable for blind people, it is seldom so truly satisfying as is first-hand experience. Reliance should never be placed on it when some more direct contact with environment is feasible. Every conceivable use should be made of visual and other-than-visual architectural tools to create a comfortable and stimulating place in which to live and have one's being.

Geographical location is a pre-determined factor of environment. Upon it are based many design decisions. It is possible to counteract extreme heat with air conditioning and cold with additional heat, but it is more effective to use design devices that are compatible with the climate.

Architectural barriers are created when building materials are selected that are inappropriate or not compatible with the climate. Large areas with unshielded glass on the southern exposure of a building in warm climate can trap too much heat. Lack of insulation in cold climates may make some spaces unusable. Unwanted winter winds can make an unprotected entrance difficult, and sometimes impossible, to use. The elimination of architectural barriers requires working with, rather than in opposition to, the elements.

The light and warmth of the sun can be extremely enjoyable and beneficial to all, but it can be uncomfortable if there is too much of it. Large, transparent panels of glass may be a hazard, if not protected with guards and handrails. In addition, they may take away privacy which is important to the blind person as well as the sighted. Plant materials, including trees that are judiciously placed and selected for the climate, can provide excellent sun shade. Good design dictates the use of indigenous plant material and natural formations as well as the best use of all the natural elements with which the location is endowed.

Unalterable Feature of A Site is Location

Precipitation can be a real barrier if the building is not detailed to make certain that the water will drain away from the building. Wet walks and stairs must be slip-proof for both shoes and canes. Surface drains must be of a size to quickly carry away the water; they must be protected with covers or grilles of such a design that neither heels nor canes can be caught in them. If snow is in the climate, the design of the building must accommodate it. Walks that permit easy snow removal or heated walks that melt it can reduce this hazard. Handrails and discernable edges of walks are desirable. Snow has the quality of insulating, but this can be a disadvantage when one is dependent upon sound reflection for mobility and orientation. Accumulation of rain or snow, such as puddles or snow banks, cause barriers for the blind that can be extremely hazardous. These should not be permitted in the concept of good design.

Site considerations can help produce barrier-free buildings. The unalterable feature of a site is the location. The building will cost no more on the right site than on the wrong site. Time spent in procuring a suitable site is time well spent.

A building crowded on its site may need to make compromises in the approach or in the exits. Less than safe ramps may result when the site is crowded. A safe slope of 1" in 12" requires a great deal of space. Stairs without adequate horizontal distances become very steep and unsafe. An adequate lobby with its many advantages of indoor-outdoor transition, information center, traffic control and other attributes may be deleted if space is at a premium.

Good commercial practices have long established the advantages of grade level entrances. Downtown stores and theatres are easy to enter because of wide doors and flush floors. Frequently carpeted, these floor are safe, slip-proof, and trip-proof. It seems to be good business to have buildings without architectural barriers. It also means good architecture!

Residential areas should be zoned to exclude land use that is not compatible with the amenities of living. The backyard barbecue is no match for an industrial smokestack. This is indeed an architectural barrier despite the fact that it might provide olfactory orientation. Neighborhoods work best when they are a combination of compatible activities.

Danger in Distorting True Traffic Picture

Streets and highways present distinctive planning problems. Stated in simplest terms is the fact that pedestrian traffic and automotive traffic do not mix—the mode and the miles per hour are too different. A fast moving pedestrian can get up to four miles an hour, but even a slow bus averages more than five times this speed. In order to keep wheels in the street and feet on the sidewalk, a sharp definition of the curb is helpful. This helps the blind person feel the demarcation of these two elements. A ramp at the curb is essential for the individual in a wheelchair, but this detail may fuse these two kinds of traffic undesirably.

Street noises are usually loud enough to be heard, identified and located by the blind, but snow, high wind, jet airplanes and other distractions can distort the true traffic picture. Service drives and entrances to buildings must provide safe access. Utilities to the building should be installed underground, not only for appearances' sake but for the sake of safety! If there are no poles for the blind man to run into, there are none for the sighted person to see, and the total architecture is improved.

The play of light and shade in the development of the site plan produces unity and interest. One may see it as light and dark or feel it as warmth and coolness. It also conveys the feeling of open spaces and closed spaces; and as one approaches a building, this change of feeling can help one anticipate the character of the building. These design cues help produce the best possible total environment—barrier free.

Scale and proportion as employed in architecture enhance the use of a building by the blind. These elements of design transfer to the sighted or the blind the assurance that those activities conducted in the space can be readily accommodated by it. An indoor basketball court has a different scale from that of the office of a dentist. Effective psycho-social counseling is difficult in a room of improper scale, a room too large for the activity; but it may become impossible in a room of poor proportion—a small room with an exceedingly high ceiling can direct one's attention upward to such an extent that working with the problem at hand becomes highly impracticable. Architectural barriers of these dimensions are insidious to diagnose and difficult to correct.

Placing of Windows Important Factor

Rhythm in architecture can provide mobility assistance to the blind. An obvious use of this element is experienced in the use of stairs. Equally spaced treads and risers provide a smooth transition from top to bottom, but if one is an odd dimension, the rhythm is broken—perhaps more than the rhythm is broken!

Japanese gardens have stepping stones spaced to coincide with the rhythm of the walk of those using the garden. In a less obvious way, the windows of a facade may be placed in a definite one-two, one-two type of rhythm, a solid—a void, a solid—a void; and as sounds from such a building reverberate to the blind man walking beside it, he can readily move forward with ease.

Churches have a rhythm that is different from dormitories; theatres are not the same as stores. It is easy to move through rooms that have forms repetitive enough to produce a related sequence of statements.

This element of rhythm helps to produce barrier-free buildings. It builds architecture that is a framework for the lives of those who use the spaces; it is both timely and timeless; it is the antithesis of disorder and disarray.

The sound of a building can enhance the space or destroy it. This is extremely important to the blind. A building that can be heard loud and clear can provide a landmark, a guideline, an orientation point. Integrity of sounds can be the difference between getting home or getting lost. Heels clicking on a slate floor can be only heels clicking on a slate floor. A door that slams tells us about the location of the opening, the wind speed that forced the action, the material of which the door is made, the type of frame that received it, even something about the hardware. All of this information comes from a single note.

Acoustically chaotic buildings emit misinformation—a sometimes insurmountable architectural barrier. A building of a spiral form can so distort sound reflections that even the clearly discernible sounds of falling water cannot be identified as coming from the location of the fountain at the base of the spiral. Simultaneous sounds of the same frequency present problems for both the sighted and the blind, and endless reverberations are sometimes impossible to identify. This architectural barrier for the blind must be dealt with at the source with proper acoustic treatment of the space with sound absorption material and reduction of the noise. Reduction of transmission of the sound should be incorporated in the structure.

The audible dimension of architecture is one of the most vital references of mobility for the blind. Changes in heights, materials, construction and detailing will bring about changes in sounds. Integrity in each of these will produce sounds that can be relied upon to give accurate information to the blind and will reduce a major architectural barrier to a minimum.

Smell of Building Also Important

The tactile quality of building materials must be handled in a manner that will give reliable clues to the architectural space. A brick must be a brick to feel like a brick. The same is true of wood, glass and other materials. This point of reference became highly developed in the blind, and it will not tolerate misinformation.

The smell of a building is also in this area of consideration. Today, deodorizers and bottled fragrances can give buildings a wall to wall synthetic odor. A library should smell like a library, not like a delicatessen; a popcorn stand must smell like popcorn to sell the product and to permit the blind person the direction he needs to find it. Olfactory confusion is indeed an architectural barrier for the blind and dare not be permitted.

Monumental stairs, inadequate handrails, unsafe parking areas, improper safety devices, narrow doors and corridors, changes in levels, protrusions into traffic lanes—all of these and more are architectural barriers that we have not considered. Most blind people can and do cope with these daily. But, these others, the blatant violation of good design, the purveyors of misinformation; these are the real architectural barriers for the blind.

Standards of construction and performance and practice of design integrity will bring about the elimination of these kinds of thoughtless architectural barriers. This will result in greater use of buildings by the blind and greater enjoyment.

AURAL READING BY BLIND PERSONS

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For the purposes of this paper, reading will be defined as the oral delivery of printed matter. A blind person will be considered to be any individual whose eyesight is so impaired that he cannot read the text of most printed books, magazines, and newspapers. This definition also will include all persons who are so physically impaired that they cannot hold or cope with a printed book or magazine, since, insofar as reading is concerned, such persons are functionally blind. Ordinary print is generally 12-point type or less and does not include the large type editions which have recently become available. In this paper, the authors assume that in listening to a reading a blind person does not take as active a part in the interpretation of alphabetical characters as he would in reading braille nor as he would if he could see the printed words.

It is estimated that there are at least 2,000,000 persons in the United States who are blind or functionally blind, as defined above. More than 100,000 are now reading actively through the talking-book program administered by the Division for the Blind and Physically Handicapped in the Library of Congress. It was not until July, 1966, that talking books could be offered to any except legally blind persons, so the number of users of that service can be expected to increase steadily within the next few years. Even discounting people who are incapable of reading or disinterested because of senility, lack of motivation, lack of time, or for any other reason, there remains a substantial number of persons who must rely on aural reading and who will increase their use of it as the scope of available material grows.

The Advantage of Printed Books

The evolution of printing over a period of 500 years has produced many refinements which have increased the effectiveness of reading for those who can see the printed word. Low cost makes print available to practically everyone. Standardization and reliability are taken for granted, for despite small variations in type faces and styles, and the few errors and misprints which occur, any printed book can be easily used by any literate person who is familiar with the vocabulary. The development of printing techniques has made possible the inclusion of illustrations which help to explain the text, such as diagrams, or to present aspects which cannot be readily described in words, such as maps, or which simply embellish and add to the pleasure of reading. Most books can be bound into single volumes, keeping the text conveniently together for immediate or future use and making them portable—capable of being read at any place and at any time that there is sufficient light. Loose-leaf binders permit arrangements which suit temporary or specific needs.

A printed book can be read slowly, rapidly, or can be just quickly skimmed, and, should the need arise, any page or portion of it can be re-read. When necessary, several books can be consulted, even compared at the same time without any problem. To mark one's place in a book to which he will return in the future, one need only insert a slip of paper or turn down a corner of a page. The student, scholar or teacher may read with pencil in hand, marking words or passages to which he wishes to refer again or for the benefit of someone else. The ability to index a book, or to arrange its contents in a rigid sequence such as alphabetical order, enables a person to scan quickly for specific information. This can all be summarized by saying that print is adaptable to most needs and to all levels of intelligence through relatively simple operations.

The individual who cannot read print for himself and must rely on listening to it as presented by someone else, will find that many of the advantages of organized reading are reduced in extent, others are completely lost. For those persons fortunate enough to have constant access to one or more human beings with good voices and interested enough to understand and follow instructions, the problems can be minimized. But in spite of the best efforts of a qualified narrator, illustrations can rarely be satisfactorily interpreted. Not unimportant is the need for privacy, since what a blind person reads may depend on who else is listening. The written language is more formal than conversation and is usually meant to be read silently. When read aloud it may produce a different effect than the one intended by the author. This is dramatically illustrated by the usually soporific effect of speakers who read their prepared speeches as opposed to the more interesting appeal of those who speak extemporaneously.

Readers Provide Invaluable Service

Some blind persons who rely on live readers are faced with the additional hazards of inexperienced reading voices, erratic presentation of the text, mispronunciations, hypnotic cadences, or lack of availability when needed. Even experienced narrators can lapse into the practice of skipping or phrasing to satisfy their own interpretation rather than that of the person to whom they are reading. Another condition worth noting is the personal relationship which exists between the blind individual and his reader. The preference of the blind person for a particular individual's rendition or presentation can also result in annoyance or agitation when confronted by the efforts of another reader.

With all their disadvantages, live readers provide an invaluable service. Requests addressed to agencies, private organizations and libraries are always in excess of available supply. The Library of Congress is continuously encouraging volunteers to enlist for this activity as a truly significant way of using their available time to best advantage. Volunteer readers are indispensable for reading short items such as correspondence, gleaning newspapers or periodicals, and scanning voluminous material. When time is of the essence, only a live reader can present the text of a printed book to a blind person, and in several states funds are available for use by blind students to underwrite the cost of this specialized activity on a person-to-person basis.

When there is no urgency, the use of recordings provides a satisfying method for most blind persons to do their reading. The first recordings date back to 1877, and Edison recognized the value of the phonograph as a potential means of educating and entertaining blind persons. It was not until the early 1930s however, that the phonograph record which could hold as much as 15 minutes of recorded material on one side was devised. This made the presentation of complete books in this format practical. Since 1934 the talking-book program administered by the Library of Congress has provided popular works, well recorded, as a free service delivered to the home of any blind person wishing to use it. The addition of some two dozen nationally-known magazines in more recent years has broadened the range of available material so that it now can satisfy the reading needs of the great majority of blind persons in the country. In the manufacture of phonograph records there are fixed charges for studio time and set-up time for presses, so that editions of less than 200 copies become almost prohibitive in cost. As the number of copies increases to about 1,000, the cost per copy of a book recorded on discs approximates the cost of a print copy. This economic factor, to some extent, has restricted the talking-book program to works which appeal to large numbers of blind persons. Technological improvements have reduced both the cost and the physical size and weight of talking books. They have also made them more durable and given them greater fidelity. Efforts are now being applied to make them even more useful in filling a wider range of reading requirements.

Tape Recorders Play Big Part

The reading needs of students include textbooks and specialized materials which are not of interest to enough blind people to justify their being produced on pressed records. During the 1950s, volunteers tried to meet such needs by recording on office dictating machines, particularly those of the Soundscriber variety. The thin embossed records could be used satisfactorily only on the playback equipment designed especially for them. Since most students did not have such machines, they played those volunteer-produced discs on the talking-book record players issued by the Library of Congress. Frustration was the usual result, for the shallow grooves of the Soundscriber discs were either broken by the phonograph needle or reproduced sound so poorly as to add to the problems of concentrating.

By 1960 tape recorders became sufficiently reliable and standardized that volunteers turned to them as a means of providing recorded textbooks. Blind persons also found this new medium highly satisfactory. The Library of Congress then began to use tape recordings to provide small editions of books of limited interest at a modest cost for those readers who owned or had access to tape players. Today there is a growing collection of masters for well over 3,000 such tape-recorded titles to supplement the more general works provided on talking-book records. The tape recorder has now become an important part of the total reading resources available to blind and handicapped persons.

Even with increased availability and the manipulative capabilities of tape recorders, the functionally blind person who relies on recordings finds that he has lost many of the benefits enjoyed by the print reader. His problem is aggravated if his time is limited, and his reading needs are extensive. He can only read where his reading machine is located, be it phonograph or tape player. Increasing his reading speed, skimming, referring back to earlier passages, searching for specific information and reading while traveling are at best difficult chores. A person using print can consult several works simultaneously, comparing, extracting or checking, and so he has what might be called parallel access to his material. It is difficult to do this with recordings, so, for practical purposes, a blind person has only serial access to his reading. Add to this such factors as scratched, mixed, or missing records, and the frustration of handling magnetic tape which has twisted, jammed or broken, and it can be seen there are aspects of recorded books which still require technical solutions beyond any which have been offered as yet.

Present-Day System Superior

Fortunately there is a bright side to the situation. In actual practice these inconveniences represent serious handicaps to only a small percentage of blind persons and then only for part of their reading time. In studying the problems which beset a small segment of a minority group, it is hoped that solutions will benefit not only all handicapped persons but also will have practical applications for much larger segments of the total population. The long-playing record, for example, was developed as a reading medium for the blind but has since become the world standard for music recording. The later 16-2/3-rpm record was designed to improve that reading medium for blind persons, and is now being used for literary and narrative recordings for the general public.

Even with its problems, the present-day system of reading by the use of recordings is superior to any other system currently available to blind persons. The use of a phonograph, or even a tape player, requires less training, is faster, and requires less effort than the use of braille or any other embossed type. Recorded books are more compact than embossed books. Recordings can be used at any hour of day or night, without any advance notice, so they are in that respect more convenient than live readers. Naturally, a greater scope and quantity of reading matter can be provided in recorded rather than in braille form, because discs and tapes are part of the general commercial and entertainment activities of the country. They are made and duplicated on equipment which is readily available commercially. This tends to bring overall costs down, so that with any given sum of money more copies or a larger number of different works can be provided.

Braille, on the other hand, is so highly specialized that no profit-making concern would think of producing it. A reading program for blind persons can thus be supplemented with commercial recordings but not with commercial braille. It is significant that a good recording can be more effective than its printed original, particularly with certain literary works. A professional presentation can add a dimension to a book which some individuals would not be able to attain even if they could read the original print. Teachers have requested permission to use talking books in classes of normally-sighted children. Their experience with commercial records which presented excerpts from Dickens, Thackeray or Shakespeare indicated an acceptance by students which was not accorded to the printed word. Talking books are restricted by law, so such requests must still be refused.

Although illiteracy is a problem, it is not as keenly felt by blind persons, for if they can comprehend speech, they can understand any recorded book so long as its vocabulary and subject content are within their experience or mental capacities. The use of recorded material by teachers, sometimes as adjuncts of teaching machines, offers promise in the field of education of the mentally-retarded and the under-privileged.

Several Recorded on Single Discs

The use of optical scanners of print and synthetic speech created by a computer are but two examples of the technical advances which may prove helpful to the blind person who wants to read. Only those specific items which can have practical application within the next year or two, however, will be discussed here. All relate directly to making some of the advantages of the printed book available to the blind individual who uses a recorded version of it.

A number of widely-read periodicals, including Reader's Digest and Newsweek, are already being issued on 8-1/3-rpm records. This enables almost twice as many copies to be produced for the same cost as the preceding 16-2/3-rpm versions, thereby reducing the waiting time for those individuals who have been second or third in line to receive their copies. It also will mean handling fewer records, since there are several periodicals which can be recorded on single discs. In a year or two, blind persons will receive recorded periodicals directly from the producers, so instead of waiting weeks they will have their records within days of the original printed version. They will be able to keep them as long as they like or discard them. In that respect they will have achieved parity with the general magazine-reading public.

In 1969, some books will be available in their entirety on a single reel of magnetic tape, recorded at 1-7/8 inches per second and utilizing four monophonic sound tracks. The present standard of 3-3/4 inches per second on two sound tracks requires four reels for the same length of recorded material. In addition to the benefits of lower costs, this will restore the advantage of putting the book into a single unit.

Individuals who wish to read at a faster or slower pace than the standard 160 to 175 words per minute of the talking-book program will be able to do so by means of a simple attachment to the phonograph to be provided by the Library of Congress by 1969, if not earlier. This attachment will be a small unit, which is separate from the phonograph but can easily be attached at will. Its sole function will be to control the speed of the turntable through a continuously variable range, enabling a person to speed up or slow down a record at will. Changing the speed of a record in this manner will introduce pitch distortion. It has been found, however, that such distortion is acceptable to most individuals to whom reading rate is more important than aesthetic quality.

All phonographs manufactured for the Library of Congress for use by blind persons after the Spring of 1968 will be transistorized. This will increase reliability and eliminate the warm-up period required by previous models. The new transistorized phonograph will have a high quality, shock-resistant plastic case, which will be lighter in weight, more functional in design, and more rugged than the present "work- horse" which has served admirably well for 34 years. The lighter weight and increased ruggedness will facilitate moving it about, offering some flexibility as to where reading can be done. For situations where electricity is not available, a battery- operated model, which will not only increase mobility but also will offer the convenience of reading practically anywhere at any time will soon be provided. An 8-1/3-rpm record has two or more hours of recorded material on one side. With a transistorized phonograph, a blind person will be able to stop it, leave the tone arm where it is, and start it again at his convenience without losing more than three or four words of text. This will free him from the necessity of having to finish a side of a record or lose his place.

Combine Short Items on One Record

Another attachment will be made available to handicapped persons lacking the manual dexterity to turn knobs. It is a remote control switch, which will enable them to start and stop a record by nudging a small lever or pressing a button, either of which will be located wherever it is convenient for them. A plastic projection from the tone arm will enable it to be picked up by mouth or by any part of the hand even when fingers are not functioning.

Standard production methods simplify the administration of activities and reduce costs. They also tend to overlook or compromise on the needs of individuals. An example is the recording of very short books especially written for young children. Because they represent from five to thirty minutes of recorded time, the practice has been to combine several such short items on one record and several such records in one container. Although this is economical and is fine for the child who wants to read several stories at one sitting, it poses a problem for the child who wants or can cope with only a single, specific story. A "mix" of record sizes and record speeds will be utilized so that a single book can be presented as a single unit whenever possible. Records 7 inches, 10 inches, or 12 inches in diameter, recorded at speeds of 33-1/3, 16-2/3 or 8-1/3 rpm, will permit sufficient variation to suit many special situations and will provide greater reading convenience.

The aural indexing of recordings is already practical. Further refinement and simplification will enable it to be applied, at least to a limited extent, within two years. The use of stereophonic recording techniques, with the text recorded on one slow-speed channel, and the indexing cues on the other channel recorded and played back at high speed, offer the greatest promise. Rapid switching of channels and speeds, together with an indexing guide for the tone arm, should make an encyclopedia recorded on discs not only practical but comparable in price and size to its printed edition.

The use of speech-compression or expansion in recording is still the subject of study. By this method, reading rate can be speeded or decelerated without any change in pitch and with little distortion. Because of the costs involved, its use to suit individual needs is still impracticable. Speech-compression of a slight degree can be used, however, when the recorded text overruns the side of a disc or the track of a tape by a relatively small amount. As an example, if an issue of a magazine requires 260 minutes of recorded time and a disc can accommodate only 240 minutes, the master tape can be processed so as to produce speech-compression of eight to ten percent. It will then fit on the record, and the small increase in reading speed will be scarcely discernable. Speech-compression up to 25 percent created by present methods can be tolerated by 90 to 95 percent of the general public. Individuals who have been exposed to it for some time can comprehend speech which is the equivalent of up to 400 words per minute, although most persons cannot, as yet, tolerate much beyond 250 words per minute for any extended length of time.

High Costs Still Restraining Feature

Another approach, which could achieve the same purpose and do it far more economically, is currently being pursued, with indications that it may be in use within two years. This calls for the application of a pitch-correcting device to a speeded-up recording, reducing the "Donald Duck" effect to near normal pitch. This system permits personal adjustment of speed and pitch.

Attention is being paid to developments which have occurred in the past year or two in the commercial production of tape cassettes and players. A tape cassette is essentially a packaged unit, including a reel of tape and a take-up reel so assembled that no threading of tape is necessary. One specific type and size is becoming widely accepted as standard, making mass production possible, and bringing unit costs for a reliable product down to a level which would encourage wide distribution. The relatively high costs of duplicating recorded cassettes or of loading cassettes with pre-recorded tape is still a restraining feature when considering them for a book program. A 12-hour book on records now costs about five dollars. Fifteen to twenty dollars for the same book on cassettes seems exorbitant, although the public and those who administer public funds do not hesitate to pay five dollars or more for two hours or less of recorded music. Maintenance costs for tape players are also higher than for phonographs, which are simpler pieces of equipment. Thus the convenience of the cassette still gives way to the economies of the disc. There is no question that the present supremacy of the record will eventually yield to the versatility and durability of magnetic tape, but, for the present, tape is economically advantageous only when a few copies of a recording are needed.

The principal reading resources in recorded form currently available to blind persons consist of the following:

A. Books and Magazines Provided by the Library of Congress:

1. On 10-inch, 16-2/3 rpm records, approximately 2,500 popular books covering most fields of knowledge. These are recorded professionally in

studios and include standard and classic works of the past as well as the best of the new books. Works of interest to children constitute about one fourth of those titles. Possibly half the total collection is fiction. Another thousand or more books recorded prior to 1963 are still available in a limited number of copies on 12-inch, 33-1/3 rpm records. Most of these are works of enduring interest. There are 15 magazines regularly issued on 10-inch, 16-2/3 rpm records, ranging from Atlantic and Harpers through Holiday and Look to Jack and Jill. One of the more recent additions, Harvest Years, is on a single 8-1/3 rpm record, and within two years it is planned to produce most magazines at that slower speed.

2. On 7-inch reels of magnetic tape, recorded by volunteers in their own homes at 3-3/4 inches per second, dual track, approximately 3,000 books of more limited interest than those in No. 1. In addition, the following periodicals are regularly issued on tape:

   Foreign Affairs, Musical Quarterly, High Fidelity, The Writer, Social Work, Personnel and Guidance Journal, Galaxy and QST. In 1969, these tape-recordings will be issued on 7-inch reels, 4 track, 1-7/8 inches per second.

B. Recorded professionally but provided by private funding, either as cooperative projects with the Library of Congress or on a subscription basis:

1. Reader's Digest and Newsweek, issued regularly on 8-1/3 rpm records.

2. A small number of special interest magazines such as New Outlook for the Blind, Rehabilitation Record, and Braille Technical Press.

3. Magazines specially written or compiled for blind persons, such as Choice Magazine Listening, Dialogue, and religious periodicals issued regularly by organizations such as the John Milton Society, The Christian Braille Foundation, and the Xavier Society for the Blind.

C. Recorded by volunteers and privately funded:

1. A library of some 6,000 textbooks and related academic works recorded on thin, plastic 7-inch discs or on magnetic tape. These are provided by Recording for the Blind, Inc., in New York City, which operates a network of recording units throughout the country.

2. Technical and scientific material issued regularly by Science for the Blind in Pennsylvania on a subscription basis.

3. Best-sellers, recorded promptly on magnetic tape on a subscription basis, by Best Selling Books for the Blind, in Maryland.

4. Collections of textbooks and related materials, mostly on magnetic tape, housed in state educational agencies such as the New Jersey Commission for the Blind or by groups of volunteers such as the Johanna Bureau for the Blind in Chicago.

D. Often overlooked by blind persons are the collections of commercial records available on loan from local public libraries. In addition to selections of a literary nature, such records include instruction in languages and in some business fields.

A look into the immediate future—the next year or two—promises at least the following types of recorded reading material as additions to present resources:

A. A few reference works, including possibly an encyclopedia, indexed for ready access to required information.

B. Instructional material for musicians or persons interested in music. New techniques are now being developed by the University of Michigan under a contract with the Library of Congress.

C. Programmed instructional materials in other fields, now being explored by the Instructional Materials Centers throughout the country.

D. Popular books recorded commercially by publishers as an adjunct to their print offerings. The Book-of-the-Month Club has already released its first recorded titles.

E. Greater use of sound sheets. These are paper-thin pressed records, economical in editions of several thousand copies. They are currently being used experimentally by the Division for the Blind and Physically Handicapped of the Library of Congress for the recorded version of Talking Book Topics and could become the "paperback book" of tomorrow in the recorded field.

There are many aspects of reading through listening which have not even been touched upon in this paper. The development of listening skills, the relative effectiveness of listening as compared to visual reading of print or the tactile reading of braille at different age levels, the effect of distractions on each medium, the relative lengths of time each medium can be used before fatigue sets in, even the selection of material for recording—all these factors and many more must be considered by anyone seeking a true understanding of aural reading by blind persons and all its implications.

One study currently in progress at the District of Columbia Department of Vocational Rehabilitation will explore motivation and what effects aural reading has in motivating towards other goals those persons who are deprived of reading ordinary print.

The bibliography which follows lists some studies which have been made and gives some sources for statistics. Because of the accelerating rate of change, anyone seriously pursuing the subject is urged to communicate directly with the authors of this article or the authors of the published items that follow for latest information.

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EDITORIAL

PSYCHIATRY AND WORK FOR THE BLIND: BACKGROUND STORY

Almost without exception, on the basis of experience, practitioners of organized help for blind people, who have evolved classic theory concerning the effects of blindness, have insisted that blindness alone occasions no failure in basic sanity. Hauy, Howe, Campbell, Irwin, Cutsforth—(to name only a few)—have reiterated this point with such fervor, and have been so well accepted by the field of work for the blind as almost to debar their students and clients from the kind of psychiatric help they might have received had they been sighted. Classic theory has always implied or stated the reservation, however, that the basic sanity of blind people depends to some extent on the judicious administration of organized programs for blind people. This principle was put forth with almost euphoric enthusiasm by the well known neurologist Sir James Chrichton-Browne—writing of Sir Francis Campbell's pupils.

Along with these wholesome thoughts there went a tradition among physicians, both in Europe and the United States that actual psychosis among the blind was rare. Guille, a French physician, who wrote with hard-bitten realism about blindness, included in a treatise published in 1819 the statement, "We see very few blind, who, when insane, are in that state of mental alienation which necessarily implies an incoherence in the ideas, and a total divergency in the functions of the brain."

Later in the United States we find Thomas Cutsforth going so far as to wonder if blindness might be an adequate substitute for anxiety symptoms.

Thus, it was against tradition, but with great understanding, Dr. Kathryn E. Maxfield delivered a paper at the American Association of Workers for the Blind Convention of 1933 which began, "The incidence of personality disturbances is probably much higher among the visually handicapped than in the general population of the seeing."

She then went in judiciously to back up this statement with specifics and to show a good understanding of the reluctance workers for the blind had shown toward using the services of psychologists and psychiatrists.

Among other things she said, "Psychiatric and psychological work with the adult blind has not been so widely developed partly because of the complexity of the problems involved and partly because of lack of appreciation by organizations for the adult blind that problems exist, but largely because of sad experiences which workers in this group have had in seeing a difficult problem turned into a hopeless one by the ministration of some specialist who did not know what allowance to make for the physical fact of blindness."

She then gave some advice about choosing a psychiatrist or psychologist, saying that of late years both categories had grown more sophisticated about the need for studying physical handicaps, but in choosing a doctor—unless the client had a psychosis out and out—to look for a physician who was not so preoccupied with the major mental diseases that he was likely to think in terms of the abnormal, rather than the normal.

She said, "Be sure that your specialist has either had experience with blind people or has the imagination to understand their problems without making too much allowance for the actual physical condition of blindness . . . . When you call a specialist in mental problems to your aid, be sure that he is of high standing and that he has more interest in human beings than in theories."

The common sense of this unusually simple and helpful treatment of a difficult subject had little apparent influence on organized work for the blind at the time. There was a quiet, continuing policy of eschewing good psychiatry along with the bad. Psychology fared somewhat better, so long as it took a psychometric, rather than a clinical line.

The first major impression to be made on workers for the blind was the work of Dr. Louis Cholden, who was a boy in his teens at the time Dr. Maxfield delivered the above-quoted paper. Nineteen years later Dr. Cholden, after considerable work with blind patients and a great deal of though, delivered a paper to the Academy of Ophthalmology and Otolaryngology, which won him the good opinion of large segments of workers for the blind and gave them the impression that there might be some good in psychiatry after all. It was true this was largely because he was the first medical man ever to take their side publicly in an old feud with ophthalmologists, the causes of which Cholden proceeded to lay bare with plain language. The title of the paper was PSYCHIATRIC ASPECTS OF INFORMING THE PATIENT OF BLINDNESS. It began:

> "In my work as psychiatric consultant to the Kansas Rehabilitation Center for the Blind, I have had an unusual opportunity to study the psychologic problems relating to rehabilitation of blind and partially sighted people. These psychologic problems of blindness invariably have at their core the attitude of the patient toward his affliction. In studying these problems, I have become more and more impressed by the ophthalmologist's role in shaping the basic attitudes our blind clients develop toward their blindness, and thus influencing the success or failure of our efforts at rehabilitation.
>
> In many cases, the ophthalmologist confirms his patient's worst fears when he informs him of his blindness. As you can well imagine, what the doctor has said and the manner in which he said it remains a most vivid experience in the mind of the blind person . . . ."

It is doubtful that Dr. Cholden intended this paper as an attack on ophthalmologists, though so astute a clinician must have known he was probing some very tender spots in their souls. In any case, he gained better welcome and prominence in the field of work for the blind than any other psychiatrist had before or since. This even held up reasonably well when he turned his extraordinary clinical insight upon some of the short-comings of workers for the blind themselves in such essays as "The Effects of Monetary Giving on Human Beings" and "Where Do We Rehabilitation Workers Feel Ourselves Lacking That We Must Look For A Scapegoat," which was his last essay before his tragic death in an automobile accident, which occurred in 1956. A most unconventional physician, he was at the time in a television documentary of taped treatment sessions with a schizophrenic patient, which he left unfinished. His unusually engaging and sincere attitude brought him little criticism for this dubious proceeding, except from his most conservative colleagues.

His writings were published by the American Foundation for the Blind and, slim though this volume is, it comprises a very large part of the thoughtful writing on blindness of psychiatrists.

His most trenchant admonition to the field of work for the blind was, "We have to know what is truth and what is excuse."

We are, therefore, very pleased to bring to readers of *Blindness, 1968* Dr. H. Robert Blank's reading of our position this year in his article which follows.

THE PSYCHIATRIST IN IMPROVED SERVICES FOR THE BLIND, A VIEW FROM A TWENTY-ONE YEAR PERSPECTIVE

By H. Robert Blank, M. D.

In March, 1947, after a fast conversion from military to civilian psychiatrist, I walked into the New York Guild for the Jewish Blind and became a worker with the blind. This identification, following the psychoanalytic definition, occurred unconsciously and insidiously as I lost one after another of my "blind spots" and learned about blindness. Worker with the blind has worn just as comfortably as physician, psychiatrist and psychoanalyst. In other words, I have gained at least as much from work with the blind as I have contributed. This is far more than personal reminiscence; it goes to the heart of our subject. If our field is to attract and hold more psychiatrists, services for the blind will have to become much more attractive.

Preliminary Considerations

My views on rehabilitation of the blind obviously bear the imprint of my psychiatric and psychoanalytic training, and my clinical experience with persons having many varieties of illness and handicap. This background accounts for my repeated emphasis on differentiating the generic from the specific in dealing with the psychosocial problems of the blind. This means a rigorous attempt to differentiate the many problems the blind have in common with other handicapped persons, and non-handicapped suffering human beings, from those problems specifically attributable to blindness.

Parri passu, there are problems of the "Rehabilitation System" serving the blind that are almost identical with those of other rehabilitation systems, and the general medical system. There are problems that are more characteristic of, if not specific to, work with the blind. Seeing specific problems of the blind where they do not exist is likely to lead to serious blundering and the fostering of stereotypes. Certain examples will make this clear, examples that encompass some of the fundamental unmet needs of blind persons:

1. Statistical[1] perspective on specific physical handicaps: Those with serious visual impairment, at the *highest* informed estimate, number one million. The hearing-impaired greatly outnumber the visually impaired, although the statistics on hearing impairment are even more inadequate than on visual impairment. The blind are greatly outnumbered by the total of the orthopedically and neurologically handicapped; that is, the arthritics, hemiplegics, paraplegics and amputees. The latter three conditions are due chiefly to cerebral vascular diseases and accidents.

The number of physically and psychologically multi-handicapped blind children exceed the number of children with blindness as the only major handicap by a ratio of possibly four to one.

The elderly, as they age, develop multiple handicaps. It is estimated that 70 to 80 percent of those 65 and older suffer from multiple impairments: chiefly cardiovascular diseases, diabetes, arthritis, stroke, hearing and visual impairment. These statistics make it imperative that we define the problems shared by handicapped persons in general before planning programs, or changes in programs, that are based on the assumption of problems specific to blindness.

2. If we consider the needs of the elderly blind who constitute 50 percent of the blind population, the generic consideration that strikes us is that, if we try to define their psychosocial problems attributable to visual impairment outside of the context of their basic needs for financial security, housing and medical services, it would be psychologizing of the most unrealistic sort. But the unmet needs of the elderly blind for financial security, housing and medical services are no different from the unmet needs of other handicapped elderly, and the needs of the elderly in general.

Planning and building housing for the elderly, for example, that does not take into account the inevitability of four out of five of the elderly developing multiple illnesses and physical handicaps would be unrealistic. It is my conviction that meeting the generic needs of the elderly for financial security, housing and medical services would make their lives more productive, reduce the incidence of physical and psychological disability, and facilitate the treatment of such disability. Psychosocial problems cannot be understood divorced from their political and socio-economic contexts. And psychiatry and psychoanalysis are no "cures" for social evils and political mischief.

3. The incidence of serious visual impairment among the elderly is between two and three times as great in the non-white as the white population. This disparity is consistent with: a) the Negro unemployment rate has remained twice that of the white regardless of the state of the economy in recent decades, and b) Negro infant mortality rate is about three times that of the white. These statistics obviously reflect the Negro's disadvantaged state with respect to housing, education and medical services. The primary and secondary prevention of blindness in the Negro population can't be divorced from the generic considerations: the elimination of racial discrimination and poverty.

4. The final and most pertinent example is the critical shortage of professional personnel working with the blind, especially when viewed against the creation of new and expansion of old rehabilitation programs and facilities. Services for the blind are competing for essentially the same personnel (counselors, caseworkers, psychologists, teachers, psychiatrists, etc.) as other expanding fields, notably Rehabilitation Medicine and Community Mental Health. During 1966, for example, 400 approved residencies in Physical Medicine and Rehabilitation (since 1967 significantly called Rehabilitation Medicine) went unfilled. In this competition, services for the blind (and the deaf) are at a distinct disadvantage because of a complex of psychological and historical factors (14) (17) (2) (6) which are familiar to the readers of this Annual. Now I would only indicate the critical problem that services for the blind have developed in isolation from medical and university teaching and research centers. It is most unrealistic to assume that the problems of recruitment of competent professionals, and in-service training of professional caliber in facilities serving the blind, will be solved unless this isolation is replaced by operational interpenetration.

Improved Services for the Blind: What Improvement and Where?

The most obvious and sustained progress has occurred on the Federal level in the work of the Rehabilitation Services Administration and the Veterans Administration. The RSA's legislative accomplishments have been phenomenal.[2] In addition to increasing substantial Federal subsidies, the RSA has brought leadership of high professional quality to the State "Systems". Circumventing State political and ideological roadblocks and inertia, the RSA has been instrumental in providing direct grants to schools, universities, hospitals and other facilities providing direct services for the blind and other handicapped persons. These grants are for training, research, pilot projects, construction and other purposes.

On the State level there are 50 different State rehabilitation systems. To the best of my knowledge all of them are eager to accept the delivered Federal subsidies (now constituting 75 percent of their budgets). But the State systems vary greatly in the degree of lag behind the RSA's leadership in goals, philosophy and standards. Some of the States have made considerable progress in professionalizing their rehabilitation operations; most of the State systems still operate under the foul imprimatur of "poor laws", "welfare" and "charity salaries for charity services".

Even the most progressive State systems are still contaminated by "Welfare" Department ideology, appropriations, and salaries for professional workers. In 12 States the blind are segregated in the State Welfare Department from other handicapped whose rehabilitation needs are administered elsewhere in the State administration. Thus in New York, which has one of the most progressive State systems, rehabilitation of the blind is under the State Commission for the Blind in the Department of Welfare while rehabilitation of other handicapped is in the Department of Education.

The State systems vary in eligibility requirements. New York, for example, has 20/200 or less vision (legal blindness) as a criterion. Pennsylvania, also with one of the best State systems, has 20/80 or less vision as its criterion. The stricter criterion in New York does not reflect that State's philosophy or intent. It represents one of the constraints[3] imposed by the huge backlog of eligible clients. However, the fact remains that the different eligibility requirements among the States makes for all kinds of inequities and difficulties in statistical and other research on rehabilitation nationally.[3]

Compared with the revolutionary changes on the Federal level, improvement in direct services for the blind on the community level has been slow and spotty. In fact, the improvements I have seen have resulted, with few exceptions, from Federal leadership and funds, and other external pressures.

In 1947, I was bewildered by the existence of hundreds of "services" for the blind: social agencies, homes, schools, rehabilitation centers and other facilities. These varied greatly in scope, ranging from large multifunctional services to meager fragments of services. Although professional caseworkers and clinical psychologists were already established here and there, they had to be persons of exeptional dedication in order to wage constant uphill battles against entrenched power nexuses and fundamentally anti-professional attitudes of Directors and Boards. There were, of course, exceptions, but as late as 1956 I described (2) what was available for the average blind person as varying from the inadequate to the execrable (in sharp contrast to the excellent and continually improving services in the Veterans Administration for blind veterans).

Most disheartening was the isolation and insulation of these "services" from one another, and from medical and university teaching and research. Multi-disciplinary team work existed as struggling embryos within some agencies and institutions. Systematic goal-directed in-service training was almost absent; the hopeful exceptions typically were created by caseworkers who had, or were in the process of establishing, field work affiliations with Schools of Social Work. This represented the first meaningful break-through in the wall between services for the blind and the Universities. The second was, of course, the rehabilitation counselor training programs, now established in 36 centers, almost all in university teachers colleges, through Federal initiative and funds.

However immune the "services" appeared to be to professional contamination, they did compete with one another for the philanthropic dollar. With few exceptions, the content of their appeals was destructive; that is, sentimental and stereotype fostering. I was then naive enough to be shocked when I learned of several "services" with poor professional standards, including "charity" salaries, that had millions of dollars in endowments. These could have financed real service, teaching and research programs long before substantial Federal grants and subsidies became available.

I have presented the picture I got from 1947–1950, from direct contact with only about 15 social agencies and other services for the blind in four States. My inexperienced view, however, was strongly corroborated by outstanding workers with the blind who had long and geographically broad experience.

What is the grass roots picture now? If one reads a summary (23) of Scott's major research on services for the blind in the United States which he completed in 1967[4] it sounds like my evaluation of 1950, only richly amplified and documented. Most distressing is Scott's documentation of the increasing competition among numerous services for the blind for the relatively small number of educable blind children and vocationally rehabilitable adults, while the much larger numbers of elderly blind and multi-handicapped blind of all ages are virtually neglected.

Scott's work has aroused howls of protest in certain "executive suites", to the effect that he has overlooked what is being done in this or that agency, the improvement that has been made in this or that area. My own opinion is that what he has overlooked is minor compared with what he has seen and illumined. The fact that certain programs have improved commendably only highlights the fundamental resistance to change characterizing the "services" in general. They are still interested primarily in perpetuating themselves rather than in the needs of blind persons; they still are not interested in evaluating their operations; they still resist the long indicated planning and consolidation based on community or regional needs.

Granted that the improvements are outweighed by the grave deficiencies, it would be nihilistic not to recognize obvious progressive developments.

1. There has been some breakdown of isolation and insularity among agencies.

2. There has occurred an improvement in the professional functioning of many agencies and institutions, with the beginning professionalization of some that had not functioned professionally. The ratio of professional to non-professional workers has been increasing, but there is still a marked tendency for the most talented to leave work with the blind for greener pastures, professionally as well as financially (medical and other teaching and research, industry, etc.)

3. There has been an increase of multi-disciplinary teamwork in practice, teaching and research; for example, the itinerant teacher program of the Industrial Home for the Blind, Brooklyn; the deaf-blind projects at the Industrial Home for the Blind and at the Perkins School; the Mental Hygiene Clinic directed by Walter Kass and Arthur Gilman at the New York Guild for the Jewish Blind, and the total program development of Boston's Catholic Guild for All the Blind.

4. In the last three or four years the productive research involvement of behavioral and social scientists in work with the blind has met with far less resistance among agencies in general than would have been the case even 10 years ago.

5. With regard to the recruitment of psychiatrists, there has been little progress. I believe there are now no more than 12 psychiatrists in the United States who are actively involved in "services" for the blind (I am not including the larger number who are now treating blind persons in private practice or psychiatric clinics). Thomas Caulfield, Director of St.Paul's Rehabilitation Center of Boston's Catholic Guild for All the Blind, for three years, is the only psychiatrist I know who is in full-time work with the blind.[5]

Since, with very few exceptions, the actual progress made has been the result of external factors rather than the efforts of the "services" themselves, it is important to identify these factors in the interests of accelerated qualitative improvement:

1. The progressive strengthening of Federal rehabilitation legislation and SRA leadership. This culminated in the historic act of November, 1965, which made coverage much more comprehensive, and provided increasing Federal funds for the Federal- State System and for direct grants for training, research and construction.

2. The National Federation of the Blind, The Blinded Veteran's Association, and other organizations of blind persons. The blind have always had their articulate spokesmen who have forthrightly presented their needs to the public and to government.

3. The American Association of Workers for the Blind, the chief organization of professional workers in the field, many of whom are blind themselves, and other professional societies. This Annual is gaining increasing importance in professionalizing services and stimulating research interest.

4. The American Foundation for the Blind which has acted as the major clearing house of information on blindness; publishing essential books, The New Outlook for the Blind, many research reports, and other items; conducting important educational and research activities, sponsoring and stimulating many more extramurally.

5. The influence of dedicated individuals among workers with the blind, government leaders and others.

Specific Goals for Improved Services

1. Consolidations and integrations of "services" based on community, State or regional needs of blind persons.

2. The Commission on Standards and Accreditation of Services for the Blind should lead to the establishment of high and progressively improving national standards and machinery for accreditation, a grave unmet need in our field.

3. The RSA could exert greater leverage for improvement of professional standards in "services" receiving direct federal grants and subsidies. By professional standards I mean total operation, not just formal personnel standards. High standards should also be established for in-service training, professional record keeping which is typically primitive; follow-up which is practically non-existent; and for professional fund-raising and accounting practices that are geared to informing the public about blindness and about what the services are doing with their funds.

4. One professional standard deserves highlighting. It is essential for "services" substantially to raise salaries of workers and fees for consultants. There has been some improvement, but it is a matter of common knowledge that salaries for professional workers with the blind lag seriously behind those for the same professionals in other fields.

Governmental salaries, Federal and State, are also still notoriously low. It will be easier to raise salaries to respectable levels in the private and governmental sectors–if workers with the blind, individually and collectively, will exert more substantial leverage.

5. If the "services" are to obtain the psychiatrists (and other specialists in short supply) which many say they need but can't get, they will have to "go where the action is". They should affiliate with the medical schools and universities. They can establish operational connections, if not formal affiliations, with the new and expanding Community Mental Health programs throughout the country.

My own published (4) and unpublished surveys, as well as that of Briggs, Marasse and Stauffer (8), reveal that psychoanalysts and psychiatrists in private practice are not isolated in ivory tower offices. They are actively involved in teaching, hospital and agency work, and are willing to devote more time to such work. Most of them are willing to take half-time salaried jobs if the professional standards are sufficiently high.

It is time for services for the blind to stop using manpower shortage as rationalization for inertia and continued isolation from the mainstreams of professional and scientific activity.

Accelerated improvement in services will not take place if we anticipate our specific manpower shortages to be solved by "dedication" and virtual subsidy of services by single workers, working spouses and a handful of workers with independent incomes. It is a striking fact–our communities and politicians have thus far not been struck by it–that, with the generous expenditures now available for our clients' rehabilitation through the Federal-State system, and through private philanthropy, little of this generosity has been directed toward professional salaries for professional work. This is a hangover from the days of "charity wages for charity services".

Role of Psychiatrist in Improved Services for the Blind

Thus far the discussion has focused on the need for improvement of the "services" in order to attract and involve psychiatrists whose presence in the field is hardly discernable. In fact the bulk of the outstanding clinical research (as well as treatment) by psychiatrists and psychoanalysts in work with the blind is being done chiefly outside of "services" for the blind.[6]

Instructive contributions on the role of the psychiatrist are available in the books of Cholden (13) and Carroll (11), and in Carroll's report (12) evaluating a unique experiment in rehabilitation of the blind, the use of a full-time psychiatrist (Thomas Caulfield) as Administrator of St. Paul's Rehabilitation Center.

My views on the role of the psychiatrist as a member of a multi-disciplinary team in contrast with the role of "distant consultant" have been published repeatedly (1) (3) (6) (7), chiefly in The New Outlook for the Blind, since 1952. Many items merit restatement, but I shall repeat selectively, and, hopefully, add something of value.

While there are few psychiatrists involved as team members in "services", there might be 150 in the United States who are consultants to agencies and institutions. I know of more than 15 services that have consultant psychiatrists who are members of respective panels of medical consultants. These psychiatrists are "called in" only for serious symptoms or crises. They characteristically are not particularly interested in the psychological problems of blind persons, and know little about rehabilitation or the goals and functioning of their respective "services". Hence my term "distant consultant" has to do with relations and attitudes, not geography.

The real mischief perpetuated by the consultant relationship to the "service" resides in the workers with the blind retaining an inferior self-representation vis-a-vis the supra-professional expert. The psychiatrist tells them what to do or what he has to do with the client-patient, and that's that. "We need you, tell us what to do", represents the most common attitude I have encountered among "services" who have consulted me about a particular client or about their psychosocial program.

Thus is the traditional isolation and denigration of the "service" for the blind aggravated by the "distant consultant" role.

How does one convert a distant consultant into a member of the service team? Some consultants cannot be converted because of deficiencies in training, experience and/or personality. Psychiatrists have distinctly different roles, and psychiatric training leading to specialist status differs radically from training center to training center, although standards are far higher and less divergent than a generation ago. Nevertheless, there are different psychiatric roles: there are mental hospital psychiatrists and organicists, psychoanalysts and psychoanalytically-oriented eclectic psychiatrists (the latter the most frequently encountered in private practice today); and there is a new vigorous crop that will be produced in increasing numbers—the Community Mental Health Center psychiatrists who have far from uniform training. The psychoanalyst or psychoanalytically-oriented psychiatrist in private practice, who has a medical school, teaching hospital or community mental health affiliation, will be the best prospect for involvement in professional team work in services for the blind.

Having a willing prospect, he or she should be committed to a regular schedule, whether it is two or four hours weekly, or a part-time salaried position.[7] In converting the "distant consultant" this is obviously the first step: make him an Attending. Even if his role undergoes no further change, the psychiatrist in regular weekly attendance will be seeing problems before they become crises. He will inevitably be interacting more frequently, regularly and, hopefully, more meaningfully with staff.

Assuming we have a compatible enthusiastic psychiatrist with excellent training and experience who is committed to weekly attendance, he needs orientation by the staff on blindness and rehabilitation. Most of his time in the early months most profitably will be spent in seeing what goes on in every client-worker area: intake, testing, class work, mobility training, counselling, etc.,—also conferences among staff. He should have time to examine records, as primitive as they might be. It is unlikely to find a well-trained psychiatrist who is not capable of helping the typical "service" improve its record keeping.

The psychiatrist should be given a selected reading list which will include, among others, the works of French (17), Cutsforth (14), Cholden (13) and Carroll (11) (12), Counselling in the Rehabilitation Process (19), Sociology and Rehabilitation (25), and those psychiatric items that the psychosocial staff have found most helpful.

If the "service" does not have a professional library (I don't mean that bookcase in the Director's office), the psychiatrist needs assurance that a library budget is available and that his suggestions for basic psychiatric works will be welcomed.

There is no better blueprint than the foregoing for initiating the new psychiatrist in the "service", and eliciting the best he can offer. In my analysis of failures in the utilization of psychiatrists in psychiatric, rehabilitation and other community programs, emphasis was placed on "too little too soon"; everybody knows about "too little too late" (4). The point is analagous to professional failure with a client due to defective intake practices (12).

Under all kinds of pressures, notably eagerness to jump on the "professional" bandwagon, the Director and Board often do not think through (sometimes they can't) their readiness for a psychiatrist who is interested in something more than a stopgap on the way to more challenging fields. The enthusiastic and competent, but inexperienced and naive, psychiatrist tends to err in assuming psychiatric "sophistication" in the Director and Board when they are actually ambivalent about psychiatry and multi-disciplinary team work. Instead of rushing into a contract it is preferable first to get acquainted with Board and "Administration" while doing some painstaking interpretation of one's psychiatric thinking and anticipations. This is a *sine qua non* when one is invited to introduce psychiatric services in a program that previously functioned without them, or used psychiatrists only as distant consultants.

The psychiatrist who can make a positive contribution to agency function and growth requires assets transcending his psychiatric training. He must have considerable knowledge of, and a healthy respect for the other professions represented on the team. He should be eager to learn from his collaborators and not approach inter-disciplinary activities with an authoritative super-professional attitude. His team-mates should be competent and free of major personality limitations if teamwork and integration is to be more than a dream. Services and psychiatrists too often learn the hard way that the psychiatrist cannot be expected to compensate for weaknesses in the program which are not his responsibility.

The Functions of the Psychiatrist

Thus far the discussion has dealt with the desiderata and pitfalls of the engagement and wedding. Marriages succeed or fail in various predictable and unpredictable ways. How the psychiatrist functions with the "service" will depend on the particular psychiatrist's abilities, creativeness and limitations, and the corresponding qualities of his co-workers. Within his role the psychiatrist can have many functions. Some of these functions are rigidly and legally role determined, notably prescribing drugs, electroconvulsive therapy and psychiatric hospitalization. Many functions are not exclusively psychiatric, notably individual and group psychotherapy. Disciplinary boundaries in science are obviously not rigid; in rehabilitation it is essential that they be kept flexible and permeable, else teamwork will remain a fantasy instead of a developing reality.

In 1952, after five years of program development at the New York Guild for the Jewish Blind, I outlined the functions of the psychiatrist as follows:

1. Consultation involving direct examination of the client, requested by caseworker and supervisor. This type of request was usually based on grossly disorganized behavior or manifest symptoms of psychosis. This function of the psychiatrist is the easiest to understand but is not the most important in terms of time or value to the agency.

2. Consultation with caseworker and supervisor about a specific problem emerging from the casework, e.g., a problem centered around the admission of an applicant to the Home for Aged Blind, or an impasse in the casework involving insufficient insight into the client-worker relationship. This type of consultation might lead to psychiatric examination of the client but much more frequently results in some clarification of the problem without the psychiatrist seeing the client.

3. Consultation of a more sustained type between psychiatrist and caseworker during the treatment of a specific client. This type of collaboration should not be a substitute for casework supervision; the supervisor should have an active role in determining the extent of psychiatric participation. Where there is expert supervision, the need for psychiatric consultation is reduced.

4. Psychiatric treatment of a client on an intensive or non-intensive basis following a thorough study of the total situation. Few clients will require intensive psychiatric treatment in a really integrated professional agency program.

5. The psychiatrist conducted seminar discussions of two hours' duration, approximately every two weeks, with the entire professional staff, based on either a current case presentation by a worker, or a special subject utilizing one or more illustrative cases. For example, a series of four seminars were devoted to the problem of maximal utilization of the intake interview. Minutes of each seminar were taken by an assigned worker, edited by the psychiatrist, and copies supplied each worker for a reference and review file. These seminars provided the most efficient means of learning by the entire professional staff, including the psychiatrist. Improved record keeping was here also a conscious goal.

6. The psychiatrist and psychologist had a close relationship with the teachers, caseworkers and group therapist (who worked with the parents) in the operation of the nursery school which gradually was being geared to research as well as educational and psychotherapeutic goals.

7. Recently a new use had been made of the psychiatrist in having him meet with the joint staff. Here several serious problems presented by client-employees in the sheltered workshops were discussed among shop supervisors, foremen, caseworkers, heads of other departments, the Executive Director and the psychiatrist. This had been preceded by consultative and collaborative handling of each problem by the foreman, shop supervisor, caseworker and casework supervisor directly involved, and the psychiatrist. The results of this new form of collaboration and integration were most gratifying.

8. Through his annual reports to the Board of Directors and through discussions with the Board on special issues, the psychiatrist also had some direct influence on agency policy as it pertained to psychiatric services and mental health goals.

9. The caseworkers, Executive Director, Director of the Home for the Aged Blind, the Attending Internist, and the Psychiatrist met as the "Home Committee" approximately every three months in order to evaluate policy and function in the operation of the Home with the aim of constantly improving the services there.

10. The psychiatrist also had a role in inter-agency relationships and in community relationships in general through participation in forums, lecture-discussions, etc. He once conducted an orientation discussion with the entire faculty of a private school which agreed for the first time in its history to accept a blind child as a regular student.

It hardly requires emphasis that no one psychiatrist is capable of functioning equally well in all of these areas. Ideally, a group of psychiatrists serving a program would apportion responsibilities according to respective aptitudes, training and preference. Some of us are dismayed by the burden of speech-making required in many programs; others seem to thrive on this activity. One psychiatrist is most effective in group therapy or family therapy; another has no interest in it. This is a most important point to remember when a highly-valued psychiatrist dies or has to leave the program. His successor at best will have a difficult time. His job will be rendered impossible if his co-workers literally expect him to fill his predecessor's shoes.

In addition to the use of a full-time psychiatrist as Administrator, St. Paul's Rehabilitation Center made another unique use of a psychiatrist. For a number of years Stewart Smith, also a psychoanalyst, conducted weekly group therapy sessions for the staff. He had no other function in the Center, and attendance by staff was voluntary. Although Carroll reports (12) considerable ambivalence among the staff, the effects on the team as a whole were positive. Several staff members whom I interviewed individually were enthusiastic about these sessions. They supported Carroll's thinking in originally providing the group therapy that full-time work with the blind produces unusual psychic stresses, and that the workers should have some opportunity to abreact and develop insight in a setting, and with a therapist, that guaranteed confidentiality and elicited trust.

I have treated many workers with the blind and referred many more to colleagues for psychotherapy or psychoanalysis. Agreeing with the conditions in the case of group therapy for staff at St. Paul's, I believe it is undesirable for the psychiatrist on the rehabilitation team to treat his co-workers individually. Often they will come to him for treatment, but the best help he can provide is referral to a colleague outside of the "service".

The Psychiatrist and The State Rehabilitation Services

From my direct experience with State Rehabilitation Offices in three States and discussions with counselors and other State personnel in six additional States, the use of psychiatrists (and other medical specialists) is grossly inadequate. The chief constraints here are not manpower shortages.

A major problem is the unrealistic limitations on State fees for medical consultants. There are competent psychiatrists available in large cities; increasingly more are becoming available in more sparsely populated areas. But they will not be available for ad hoc consultations for the current fee schedules.

Ad hoc consultations, however, constitute inefficient use of the psychiatrist by State as well as private services. With a little more effort and imagination (and the fee problem rectified) most State rehabilitation offices on the municipal or county level could hire a competent psychiatrist on a regular part-time basis. He would then be actually available for examination of, and consultation on, persons with every kind of handicap. He would also be available for in-service training, and for his own education in rehabilitation. The prevailing practice of a counselor for the blind having to look for a psychiatrist or psychiatric clinic in the community on an ad hoc basis, while counselors for other handicapped persons are simultaneously searching, is disheartening and wasteful. This is not just my opinion. I am practically quoting a dozen State counselors and supervisors.

Here, as in the case of private services, there will be little qualitative improvement without the leverage of professional organizations of workers with the blind and other rehabilitation workers.

Summary and Conclusions

One psychiatrist's analysis and recommendations on the role of the psychiatrist in "services" for the blind has been presented. Because so few psychiatrists are involved in work with the blind, the essay emphasized those areas in which much greater improvement in services will have to occur in order to attract and sustain the interest of competent psychiatrists.

Psychiatrists are in need of education about blindness and rehabilitation. They have to learn how challenging and rewarding work with the blind can be. The educational and inspirational job is the responsibility of "services" for the blind and workers with the blind; the psychiatrist can't get it elsewhere. This directly contradicts the prevailing passive receptive postures among workers toward "outside" psychiatry and the behavioral and social sciences in general.

I have been blunt in discussing many items, particularly in confronting certain political, economic and other unpleasant facts of life from which it is easy to take refuge in professionalism and scientism.

The specifics mentioned concerning the psychiatrist's role and functions were intended to be suggestive rather than exhaustive. The hope here is that the reader will learn some things painlessly that the writer had to learn the very hard way.

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FOOTNOTES

[1] My statistics are derived from The National Health Survey; Estimated Statistics on Blindness and Vision Problems, National Society for the Prevention of Blindness; Scott (23); and Goldstein (18).

[2] For a concise and lucid historical and sociological review of Federal rehabilitation legislation see Straus (24).

[3] Elsewhere (6) I have presented the subject of rehabilitation on the State level in more detail. The term Federal-State System masks a tremendous array of resistances in the States against providing professional rehabilitation services.

[4] Scott's definitive report, The Making of Blind Men: A Study in Adult Socialization, is in press.

[5] I first learned of another psychiatrist actively involved in work with the blind in 1952 when Louis S. Cholden wrote me. Cholden (13), needs no introduction to readers of this Annual. His accidental death in 1956 was a great loss to psychiatry and rehabilitation.

There are only four psychiatrists who are members of the AAWB: Caulfield, Chapman, Kolb and myself. Psychiatry bears only part of the responsibility for this meager representation. It would be healthy for "services" for the blind to assume the major responsibility.

[6] See, for example, the works of Fraiberg and co-workers (15) (16), Burlingham (9) (10), Nagera and Colonna (20), Omwake and Solnit (21), and Sandler (22). The most sustained productive research work with blind children in a clinical setting is going on at the Nursery Group for the Blind, under the direction of Dorothy Burlingham. This is a unique service for the blind in that it is part of the Hampstead Child-Therapy Clinic, London, founded and directed by Anna Freud. The Hampstead Clinic is the leading psychoanalytic training center for work with children.

[7] A caveat I have previously stressed (4) is in order: Avoid volunteer psychiatric services like the plague. They seldom have been productive and today are unnecessary. The "service" that is paying more than lip-service to their wanting a psychiatrist *engage* will find the means to pay a respectable fee. Professional case work agencies learned this long ago. So let us part with the "volunteer delusion".

THE VALLEY FORGE STORY

By Dr. Richard E. Hoover

(With assistance in researching "things past" by C. Warren Bledsoe)

What we all met at Valley Forge was an unique experience—of human tragedy, human struggle and human accomplishment unfolded in the aseptic atmosphere of an Army general hospital nestling close to the historic memories of earlier struggle and triumph.

It should have some interest for those preoccupied with the intriguing problem of how innovation is accomplished in work for the blind. Perhaps the most important fact to establish at the outset is the personal involvement of many other people who could also tell the "long cane story" almost from the beginning; especially hundreds of blinded soldiers hospitalized at Valley Forge Hospital from 1943 to 1947, who were the midwives, if not the mothers, of invention, motivated as they were by their young and active needs to go places and do things. Some of these men already have told the story from their point of view.[1] A best-selling novel[2] by a competent author gave space to "cane travel training" while the drama of the hospitalized war-blinded was still in progress at Valley Forge Hospital.

One may well ask what more need be put into the record in a world which has so many documents. All of us connected with the long cane movement have tried our hands at brochures, speeches and articles.[3] Why are these statements, technical, clear and rational, so unsatisfying?

It may be because they don't tell the whole story. We have all been careful "to leave personalities out of it." Yet, personalities are the very factors that created the story. An associate[4] of many years has volunteered the following:

> "It is hard to please me, I confess, with anything written about methods of teaching blind people mobility. What might be termed an 'executive' or 'administrative' view of this part of work for the blind frequently finds its way into print full of statements which tell nothing at all. Almost never is there a real impression of pupil and teacher working their way, minute by minute, quarter hour by quarter hour, foot by foot, rod by rod, fighting a hard battle which is part of so-called adjustment to blindness; by which is meant also

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Editor's Note: Dr. Richard E. Hoover, a teacher of the blind before he became an ophthalmologist, was in charge of the enlisted men and non-commissioned officers in the War Blind Service at Valley Forge Hospital during World War II. He is generally credited with having brought about the innovations in mobility training which have resulted in the widespread systematic teaching of this skill. He was recruited into the medical profession by ophthalmologists who observed his work with blinded veterans. C. Warren Bledsoe assisted him in the training of medical corpsmen who were instructors of the blind.

getting on top of rage, jealousy and frustration which are brought forth and dealt with by pupil and teacher. I object to bland language and pretense that it is no trick to master the art of seeming a gracious being under these circumstances, much less actually becoming one. Too often language used to describe all that goes into the struggle of blind people to be mobile is far too tender. Blindness is not a 'tender thing,' nor are most of the means to surmount it. They are for the brave and the faithful, who are rather difficult to describe in official or scientific language."

On the sensitive subject of blindness, you need not be very "tough" to be thought brutally frank. One day at a Valley Forge staff meeting someone said, "Does anyone here think blind people in America do a good job of getting around? I think they do a very poor job."

This proved to be a bombshell with a chain reaction. There was an immediate high level gathering in the office of the commanding officer of the hospital, from which resources for a mobility program were to flow with surprising copiousness. And these resources were by no means insignificant in kind. Indeed, beyond what the hospital had to offer in the way of "everything money could buy" for wounded heroes in wartime, there were certain specifics of inestimable importance.

Isolation From Traditional Work

The first, and, in retrospect at least, that which has had the most emphasis, was the long cane itself; light, steel, an entirely different thing from the old wooden instrument.

Another valuable resource was almost complete isolation from traditional work for the blind inside the military service. The few of us who had experience with blind people and who had been scooped up from other services, were without rank and could only make ourselves heard by the practicality of what we had to say. None was an actual graybeard and none was committed to the traditional point of view about mobility.

Throughout, we cannot ignore the blinded men themselves. They demanded success.

Much less slow to strike the imagination of the "little public" which makes up work for the blind was the mobility instructor, who at Valley Forge Hospital was finally called "a foot travel trainer."

Another resource, never sufficiently appreciated, was the enormous ocean of time allotted to recovery and rehabilitation, sustained by the absolute authority of an army in wartime. The Commander-in-Chief himself had overcome a severe handicap and had personally signed an order making at least 16 weeks of basic rehabilitation mandatory.

Even less appreciated was the often exasperating, and in many ways inefficient, longitudinal architecture of most semi-permanent Army general hospitals during World War II, with far-flung corridors leading to various points of interest or necessity; phones, barber shop, mess hall, et al. For basic training of the blind in foot travel, this network remains incomparable.

Finally, we can never measure the contributions given freely by many people not directly associated with the Army; contributions of time, talent, philosophy and love. Shot through truly good work for the blind are the ways and manners of truly courteous men and women.

Very early after we arrived at Valley Forge in 1944 some of us began to have debates about what kind of environmental, or milieu, control should be introduced to the wards in which the blind soldiers functioned. Some purists thought little effort should be made to perform special courtesies addressed specifically to blindness, on the theory that from the beginning the soldiers should get used to the rough and ready ways of the world with respect to the mixing of left and right in giving directions and leaving doors ajar. All this came to an issue one morning when a cartoon appeared on the bulletin board showing a blinded soldier patient with his head in sharp contact with a door which had been left ajar. A rather roly-poly instructor with his hands in his pockets was surveying the scene with equanimity, and saying, "Oh, that reminds me!"

Cartoons for the Valley Forge Guide

This cartoon was the work of Bill Tigani, one of the foot travel trainers, who happened to be an artist in peacetime. It did much to dispel sophistries in favor of rough-and-ready, "kick-in-the-pants" rehabilitation. We decided to use the artistic and literary talents of Tigani and Bledsoe to put across some more ideas we wanted to introduce. Eventually an entire booklet was put together which to my mind summed up the spirit of the blind program at Valley Forge better than any other publication issued at the time.

We were very much described by able and willing gentlemen and ladies of the press, but often with results which went wide of the mark. Particularly we were put out by having the old subject of obstacle perception or "facial vision" brought out of moth balls and made much of as a magic cure-all by journalists and editors who should have known better, or at least have gotten in touch with someone who did. All the while the long, light cane was making its way with remarkable rapidity into the daily lives of blinded soldiers; but few writers, if any, saw what was to us a new development in foot travel of blind people, a development with plenty of drama for those with eyes to see it.

Early in the game we were exasperated by the fact that people whose eyes should have been especially keen missed what was going on entirely. We had a number of prominent visitors. One outstanding educator of the blind, himself sighted, seemed the epitome of mental blindness one day when he was supposed to be observing a lesson in foot travel and spent most of his time with his back to the instructor and blind soldier, giving a long lecture to his host on what a mess the Army was making of its program for the blind.

Toward mobility the traditional view of work for the blind at its worse was a little like the official attitude toward "The Emperor's New Clothes" in the fairy tale. When forced to do so, workers for the blind said how well various blind people "went everywhere on their own." In time, undoubtedly, they believed this. (Except some cynic who would frequently add under his breath, "with the aid of a hundred million elbows.")

A rather astute and indefatigable writer of the last generation has left several paragraphs which spell out the status quo with which we were all confronted, as well as offering some striking observations about the teaching of blind people. This was Edward E. Allen, Director of the Perkins School, writing in 1910, after closely observing education of blind children in Germany:

> "It does one good to talk to these men. Blindness is their business . . . they speak as men having authority, as experts who have advice for those who come to them . . . therein the German's 'thoroughness or nothing' principle appeared

> to me to fill and run over . . . the pupil . . . investigates reports, measures and draws to scale . . . When the whole institution and the grounds are correctly understood, be begins, in somewhat the same manner, the study of the city . . . the main streets, the location of the building, particularly the railroad station . . . The possession by the blind of the faculty for recognizing objects by the four senses, and the ability to locate themselves at any and at all times in space and to get about readily alone, is deemed by the Germans a too vitally important one to be left to haphazard. We leave our pupils to pick up this sort of thing, and they generally seem to do so."[5]

If Dr. Allen had second thoughts and initiated any formal mobility training at the Perkins School, there was no evidence of it by the time we began to observe education of the blind in the residential schools in this country in the 1930's. It was true within the confines of the school environment, pupils "seemed to pick up" this sort of thing, provided the environment was conducive to what Howe called "bodily training." In 1872, Howe summed up his own lifetime of experience with the subject as follows:

> "The allusions which I have made to our bodily training will explain its general character. It has been carried out with more or less rigor, according as I have been seconded by the assistants who had more or less faith in it. There was a time, for instance, when most of our boys and many of the girls, could swim well; could pull an oar; and showed considerable muscular vigor in gymnastic exercises; and then again, such exercises fall into comparative neglect."[6]

I had as my duty before World War II at the Maryland School for the Blind to be a catalyst of such physical activity in what was known as the Large Boy's Cottage and in this situation was able to observe how much had been developed in such institutions in special physical development skills, and what an unexplored, almost forbidden, aspect of teaching "getting around" was in the education of blind youth. Boys were taught how to run and how to wrestle but not how to get down to the main gate, much less beyond it. The tradition was not unmentionable; it was simply unmentioned, indeed unthought of, and there were numerous reasons for this. Chief of these was the controlled environment, which, however "normal," nevertheless was deeply and subtly "for the blind." Then there were the great number of years from kindergarten to high school in which to grow accustomed to this controlled environment. Perhaps most important of all was the role of partially seeing pupils with "travel-vision" on whom the totally blind depended for guiding and for cues of various kinds in making their way around. Though this was not to be deplored as an exercise in cooperation, it obviously left much to be desired as a preparation for non-institutional life.

Contrast with School Environment

The situation of the newly-blinded soldiers at Valley Forge offered the strongest possible contrast to the above-described milieu. These adults, suddenly blinded, almost to a man had the heartiest aversion to institutional living. Indeed they did not even consider such a way of life a possibility, except as it was represented by the Army and Army medical facilities. Their attitudes toward Army life made it quite clear they were unalterably determined to escape from compounds of every kind, however therapeutically or handsomely designed. Let it be plainly understood that it was not necessary to teach American soldiers who were blinded this antipathy. It was, on the contrary, a very common psychological phenomenon.

Few, of course, were able to strike out on their own, especially since the Army ruled against it, while respecting the impulse. The impulse was perhaps the most important resource on which the staff was able to draw in teaching all the "uncommon skills" of blindness, including mobility.

It is legendary that some of the blind soldiers at Valley Forge Hospital pounded on the Commanding Officer's desk with their wooden canes and demanded action early in the history of the program. Certainly there was such a spirit afoot. In any case, something put Col. James Beeuwkes in a frame of mind to take some rather drastic measures when, as has been previously mentioned, Col. James Greear ascended to his office with members of the staff of the War Blind Service, asserting that blind people in America did a poor job of getting around and, furthermore, that the mobility skill could be taught by sighted instructors.

The meeting was an extraordinary demonstration to the young down in the ranks of how well colonels can function on their best days. The special dispensation to which the blind service fell heir that day was the privilege of choosing instructors of the blind from panels of picked men drawn from all over the service command, according to rigid specifications drawn up by order of the Commanding General. Fortunately the staff was prepared for this windfall of personnel it was about to receive. Of particular importance was the prototype of the instructor which they had developed. The free manner in which transfers and reassignments could be made by an absolutely arbitrary system was used imaginatively by these men. Col. Greear, as Eye Chief at Valley Forge, had an unusual sensitivity to the possibilities of tapping the resources of non-commissioned officers and enlisted men, and he fostered a climate favorable to development of the potentialities of men in the ranks.

I would like to record here the names of those enlisted men who, as mobility instructors, stayed with us more than fleetingly and became the first hard corps mobility group in America to teach by the cane method. They were: Thomas C. Stacer, Ralph W. Ward, Clifford P. Tallcott, Glenn Allison, Harold Simon, Joseph W. Rusicwicz, Gregory Bradford, Kenneth W. Bowser, Anthony DeProspo, Eli Ehrlich, Arthur Greenstein, Bruce H. Johnston, Edward R. Kimmel, William Kusma, Tim J. Murray, Lincoln Newfield, Walter D. Oppenheimer, Harry A. Rheem, Nathan D. Robinson, Mike Gallagher, William Tigani, Bernard Whalen and John McGovern.

Much Accomplished in Short Time

Col. Greear has described them with real sensitivity in the Army's large history entitled "Surgery in War Time," published by the Office of the Surgeon General. His most telling sentence is, "The enlisted men assigned to the program for the blind had the responsibility of literally teaching the blinded soldiers to take up their lives again."

Looking back, those of us who were associated with the program realize that much of the work was crude by comparison with what is done now in the fine programs of mobility and peripatology. As old letters and other papers are brought to light which give day-to-day accounts of what was done from 1944 to 1946, we cannot help feeling a little exhilaration over having shared a good deal of accomplishment in a comparatively short time.

Col. Elliott Randolph, who succeeded Col. Greear as Eye Chief, once shocked a group of people by saying one of the mobility instructors had "fun" working on the blind program at Valley Forge. He did not, of course, mean "fun" in the ordinary sense but the kind of stimulation that comes of using a humanitarian skill, which to such a physician cannot be looked on as anything but the best fun in the world. It was certainly this which made the Valley Forge program.

It has been said that the patients were allowed a very large amount of time to learn their basic skills (months). Such was not the case, however, with their instructors, who had to produce or be disqualified within a few short weeks. Fortunately, this was an acceptable Army way of doing things, which did not cause too much disgrace or heartache. We always tried to make the departing feel they had accomplished something for us, which indeed they had. We would not have had a selected group without their departure.

Much has been written, and much more said, about terms to describe individuals who teach blind people how to get around. Without entering into controversy over words which should be used, it seems appropriate to give those which actually were used at Valley Forge and, insofar as possible, explain why we used them.

The very first crop of instructors were designated "orientators." This was fairly early in 1944 and the cream of this group was transferred to the advanced training center at Avon Old Farms when that installation was activated. Those who remained were on the whole inadequate and the term "orientator" came into bad repute for a time. With the next crop of instructors we decided to try a "soft sell," and for this reason called them simply "corpsmen" with the hope that their performance would insinuate itself into the good graces of the blinded soldiers. This turned out as we had hoped.

Search for the Right Word

Agitation then started for a designation which would let the Army and everyone else know what their mission was. Someone recalls that during this era of camouflage, a colonel said, "Sergeant Hoover, would it be beneath the dignity of your men to clean the wards?"

To this, I am told, I retorted, "Aside from that, Colonel, they wouldn't have time to teach the blind soldiers how to get around." I hardly need add that the colonel was not Col. Greear; nor was the colonel in question unsympathetic to our mission, but the incident pointed up the need to dignify our work with language.

In an effort to get a good plain term, which colonels and personnel officers could understand but which would not seem pretentious to the blind soldiers, we hit on the term "foot travel trainers." For better or worse, so the instructors at Valley Forge continued to be called, with only occasional reversion to "orientator" or "orientor" (after Bledsoe consulted the dictionary). The terms seemed to have served well in their time.

As has been indicated, the Valley Forge program was operating against the rules of large segments of work for the blind in attempting to teach foot travel. Even more opposed to common practice was the use of sighted instructors. It was not surprising then that other Army installations were somewhat mystified, and at times impatient, with what was going on in our program. We were quite busy and encountered many difficulties trying to explain our position, especially to Dibble Army General Hospital and Avon Old Farms, which were the only other two installations which were centers of blind rehabilitation. Rivalries were inevitable and there was considerable strain which often loomed large at the time, but seem relatively unimportant now.

To Col. Randolph fell the difficulties of resolving differences between the stations. He was assigned to the Surgeon General's Office during the period of most crucial development at Valley Forge and Avon. This was a hard assignment for a fine ophthalmologist, taking him away from patients and surgery. Having no zeal to pull wires and manipulate situations, he nonetheless had a real talent for administering the program, in part because in public matters he had a natural and fundamental incorruptibility in every sense. This gave him the guise and actuality of courage which few care to gainsay. Also the redeeming grace of humor was not lacking on appropriate occasions.

We were, in fact, very lucky in all of our ophthalmologists, who were not only skillful as doctors but personally well chosen to relate to a rehabilitation program. None was transformed by the Army into a military martinet; in fact, they all showed great common sense in steering patients around Army red tape and ignoring inappropriate military manners. Once in a while they themselves were caught in the bureaucratic net. For example, on a black Sunday when the hospital was 30,000 out in its laundry count, the C.O. had them counting laundry along with their brother physicians who were ward officers. In general, however, the C.O. handled his prize "consultants" with wisdom and such incidents were few.

Priority on Saving Residual Vision

Colorful, explosive and extremely popular Linus Sheehan was ward officer in Ward I, the first ward to take blind patients. The other ophthalmologists assigned to wards where there were blind patients were Dr. W. Wyckham Taylor, Dr. Earl Merz and Dr. Eugene Wager.

It is not the purpose of this article to describe the actual medical work of these men but it should be remembered that the very best type of medicine was practiced by them, concurrent with the program this article describes, and the highest priority, of course, was placed on saving residual vision.

It was somewhat disappointing that when efforts were made to use the services of people from the civilian agencies most responses were lukewarm; one school superintendent becoming furiously angry when we asked to borrow one of his braille teachers for the duration. In most refreshing contrast to this, coming from a long tradition of service to handicapped people, Miss Louisa Walker was at Valley Forge in the guise of a braille teacher but actually was one of a small group of counselors who functioned under Paul G. Conlan's direction. Along with a rather heavy burden of administrative housekeeping, he governed a little court of well-chosen ladies who balanced the rather heavily male organization. The others included Miss Rosalie Cohen, Miss Martha Miller and Miss Ilah Ojah. Three of these ladies subsequently married blinded soldiers.

Occasionally we were troubled by individuals with no claim to authority or experience, who brashly invaded our field of operations with more daring than wisdom. Then we had trouble, especially if they had impressive credentials. Bledsoe wrote a memorandum describing one of these situations while he was on detached service at Dibble Hospital attempting to interpret the Valley Forge method to the staff. A colonel with a Ph.D. in psychology swept in with a suite, declaring that he had read all the literature on blindness, that in essence nobody in or out of the Army in work for the blind was doing anything right, and that he proposed to go back to the beginning and put things on a scientific basis. This would be by controlled experiment in which someone would make a statistical analysis of how many obstacles penetrated the swinging arc of the cane. The fact that there were scores of blinded soldiers who had to have a safe and comfortable way of going places forthwith did not concern the colonel. His flotilla of scientific advancement was blown in another direction by the simple expedient of writing an account of the episode to the Eye Chief, Col. Norman Cutler. Col. Cutler, a spacious and progressive individual, knew quite well true scientific method and at the time was giving his utmost cooperation to the introduction of the long, light cane and the development of its use. He passed the memorandum on to the C.O. of the hospital. A C.O. of an Army Hospital in wartime is supreme unless the Surgeon General happens to be present and this C.O. caused the visiting colonel and his people to vanish. As a scientific experimenter he had made one serious blunder. This was claiming to have read all the literature on blindness, not knowing how extensive it was, and also claiming to have read a rare book he could not possibly have laid his hands on, the contents of which he was unaware.

Very "Choosey" About Visitors

In very strong contrast to this kind of experience was the observation of the method by Dr. George Corner, chairman of a committee on sensory devices for the National Research Council, who was a scientist of very real stature. He did not turn his back and talk about something else when he observed the demonstration. He watched and he listened and he said, "It works."

Certain other visitors to the hospital were also extremely important in setting the tone of the program. We were infuriatingly choosey about our visitors; indeed were unabashed *elitists,* but not in the ordinary sense. As with our foot travel trainers, we were looking for what Bledsoe calls "emotional aristocrats," by which he means those individuals who without sentimentality are truly fond of, and constructive toward, their fellow human beings, in action as well as word. Some such people with an enormous capacity for friendship are so multiple in their relationships they can accomplish enormous feats of inspiration and motivation.

One of these was Father Thomas Carroll, whose warmth, common sense and versatility in human relationships have been a deep and personal influence in the lives of the war blinded, as has been widely recognized. He was a frequent visitor to Valley Forge and also spent much of his time at Avon.

Miss Kathern F. Gruber, in charge of the program for the war blinded of the American Foundation for the Blind, was an indefatigable visitor at all military hospitals where there were blinded patients and was often seen at Valley Forge. Perhaps more than anyone else on the scene, she established lifelong friendships with a large number of the men, maintaining contact with them long after the course of their lives had dissociated them from everyone else in work for the blind.

Another individual of stature exerted extensive influence, which few people noticed at the time. This was Rufus Jones, Professor of Philosophy at Haverford College and a Quaker of the kind described by his own sect, I believe, as "weighty." Some of us went to considerable trouble to interest him in our program. He gave us some rather homespun surprises on visits to the hospital, one of which was a very handsome array of canes which he had dredged out of the Philadelphia Main Line hall closets for the blinded soldiers at Valley Forge. This was before we had settled on the light metal cane or even made up our minds about its extra length. It brought to the fore the unusual flare for the practical for which Rufus Jones was known. He also put us in touch with another member of the Society of Friends, Mrs. George Vaux, who became a very special kind of hostess for the blinded soldiers, entertaining those just reunited with their wives in a very large house she owned at Bryn Mawr.

Both she and Rufus Jones were mainly helpful, however, in giving us access to long lifetimes of experience with every kind of help, altruism or philanthropy known in the American Society of their time, about which they were extremely clear and coherent.

This began when we visited Mrs. Vaux with our usual skepticism about wealthy hostesses, carrying a bill of particulars, which she heard through, point by point. Her response began, "Now, young man, let me tell you something. I take responsibility very seriously. I helped to start the National Travelers Aid Society."

Her forthright question when she was told of the need of the men and their wives to have the right place in which to be reunited was, "One bed, Sergeant Hoover, or two?"

Later we discovered that she was Henry James' granddaughter, William James' niece, and that she knew psychology, as well as social work, from the days before either had been married to professional unions. Neither held any terrors for her, nor did powers or principalities. Once commenting on her personal observations as a guest in the White House, she said, "The trouble was there was no time for meditation."

It was comforting to think that we might have two live wires to heaven – one through Father Carroll and one through Rufus Jones. A rather dramatic episode which occurred during one of our training periods seemed to show mystical dynamics at work on a practical basis. We had spotted one of our novice instructors as rather a bad actor and were about to relieve him of duty, but permitted him to stay with the group during an hour when Rufus Jones was to speak to them. Suddenly to our astonishment, during the question and answer period, the man took an insolent, even villifying tone toward Rufus Jones and the Quaker Church. With equal suddenness the attacker was himself attacked by one of the other men with an impassioned counter-tongue lashing which began, "I was one of the German children fed by the Quaker Church after World War I." Presently the tirade ceased, and the only sound on the air was that made by the rockers of a chair in which Rufus Jones sat, placidly practicing the ministry of silence and looking like a Buddha in broadcloth and high collar.

We asked his advice about the indoctrination of the instructors and he answered by analogy, as he often did; that in sending Quakers to work on the Burma Road, they merely taught them Chinese and the mechanics of the trucks they were to use. When we pressed him to know if there was any other indoctrination, he said that there was none, but that they were Quakers in the first place. This rather heavy emphasis on carefully recruiting the kind of people wanted we took to heart, along with the importance of not neglecting the practical side of any operation.

One rather curious practice of Rufus Jones might well cause us to reflect on our ways with audiences of blind people. He said he never joked with groups of blind people, though with individuals he did not hesitate. Further than that, he was unwilling to talk to the blinded soldiers as a group, though he was willing to talk to individuals. Actually, there was understanding, but little humor, in any of his conversation around the war blinded and we learned with some surprise that in the Society of Friends he was considered excruciatingly funny on occasion.

Incomparable Hostess

One of the "world's people," in the language of the Friends, who was an incomparable hostess to the blinded soldiers, was Mrs. Edward Smith, who had herself called "Fran" by the soldiers. Men with the humblest backgrounds were able to sense immediately that she was one of those rare individuals whom no mechanism of exclusiveness or privilege can turn into a social snob. There were houses of the wealthy where very sincere efforts to be hospitable could not put GI's at ease, but at Mrs. Smith's, men were almost instantaneously comfortable. She appeared to be totally blind where color of skin was concerned, and her extremely cultivated speech was no barrier at all between her and the soldiers who frequented her Tuesday night parties, which continued as a regular thing long after most of the nation had put Army hospitals out of mind.

Others of the caliber of Mrs. Smith and Father Carroll were Meade Barr, a frequent visitor, and Garrett Gilmore, who greatly added to everyone's enjoyment by launching the Army war blind against the Navy war blind in boat races on the Schuylkill River. After a few anxious minutes when both teams appeared to be drifting toward the dam, both coxswains (sighted) gained control and with a minimum of training, the teams acquitted themselves quite well. We tried in sports, insofar as possible, to draw on the experience of the men before they lost their sight, to make the most of existing skills and avoid subjecting them to experience for which they required a great deal of drill. This was especially true of horseback riding where the men were pleased to discover they were not forced to keep to a walk the first time they went out. It was a sincere compliment both to the program and himself when one young soldier said with a ring of joy in his voice, "You have no regard for my life! (This when given a try in the front seat of a tandem bicycle.)

In the whole tremendously important area of personalities and their effect on such a program as that at Valley Forge, we have said nothing yet about one person who was to gain a transcendant constructive influence of mobility for soldiers and later veterans. This was Russell Williams, who first as a patient, and later as a counselor of other blinded soldiers at Valley Forge, acquired the unique trust of everyone who came in contact with him. Reflecting on the importance of his influence, it is impossible not to be impressed with the precariousness which attends the way in which skills of various sorts work their way into the service of human beings. Williams, after having learned the cane method of foot travel at Valley Forge, later while getting advanced rehabilitation at Avon, was making an heroic, and on the whole not too unsuccessful, attempt to manage without one when he returned to Valley Forge as a staff member. It is not certain who was responsible for his reverting to the use of the cane but for very sure an invaluable resource came to the service of blind people when this happened.

The Lesson of Valley Forge a Deep One

In 1949, Williams was to be the first chief of the program for veterans at Hines Hospital, which became the real culture for this type of mobility program when the Army programs were liquidated. An extremely graceful and skillful performer himself, he did not teach mobility at either Valley Forge or Hines, but he sustained the instructors with a most subtle and wholesome leadership, for he has that rare trait of being able to find something in common with nearly everyone he meets.

The real lesson of Valley Forge was a fairly deep one; that once again it can be the simple, plain, familiar resource, which has been around us all the time that can be the most useful. Sometimes a very slight mutation can make possible a rather large step forward.

Something like this happened with respect to blind soldiers and their instructors with the advent of a strong metal cane weighing no more than six to eight ounces, the first of which were manufactured for the soldiers at Valley Forge by the Summerhill Tubing Company. There had been two major objections hitherto with respect to moving the cane in an arc; its obstrusiveness and its weight. Now only the former remained.

On this latter objection we quote the voice of Russell Williams and in the tape recording of "Propaganda for Living," a sort of morality skit for tape recorder, delivered at the Convention of the AAWB in 1960.

Asked if the cane is a nuisance in a crowded place he says, "A rifle can be a nuisance, but soldiers get to love them like they were babies; and babies can be an awful nuisance, but women get to love them like soldiers do rifles; and a woman and a soldier can generally find something to do with a baby and a rifle."

This told us at least that the cane method had moved in very close to the affections of some blind people, which was perhaps more than we had a right to expect, working as we did at Valley Forge – not very scientifically, though at least as humanly as we knew how.

In trying to recapture the spirit of those times something should be said about the aura the hospital started from being near Valley Forge and taking its name from an ordeal in American life which had left a deposit of honor and success in the national subconscious mind. In a situation where the country was willing to supply everything money can buy, someone had been smart enough, and lucky enough, to secure a good name of the kind money can't buy. Certainly Valley Forge Park is one of the most beautiful and dignified relics of war America has, only made grander by the replicas of log huts, in which the Continental Army wintered under the watchful eye of stiff, stern old Madame Washington, who darned socks and copied dispatches and lightened everyone's morale by naming her amorous tom cat Alexander Hamilton.

A Certain Wry Gallantry

Blinded soldiers who fought in the Battle of the Bulge against the Nazis got some of their rehabilitation riding horseback in this setting. It was not an insignificant asset that, like Washington's soldiers, they believed that they were obliged to defeat a mad tyrant and a bad system, about whose perfidiousness there was no doubt. Their war, like the American Revolution, had a good name, not only in the newspapers but among themselves.

One element of the Valley Forge story will remain forever impossible to describe adequately; the infinite personal variety of the men we were privileged to serve. There was one thing which nearly all of them seemed to have in common, however: a certain wry gallantry, both appropriate and becoming, best illustrated perhaps in something a soldier under 20-years-old was heard saying to a nurse: "Skeesix? Is that all you can think of to call me? Here I've been crawling over the battlefield over dead bodies for you people, you might at least call me 'Young Man'!"

FOOTNOTES

[1] Ramsey, E. G., Don't Pity My Blindness, Saturday Evening Post, 25: 1950. Steptoe, R., That Word Blind, Saturday Evening Post, 25: 1945.

[2] Kendrick, Baynard, Lights Out. William Morrow, N.Y. 1945.

[3] Hoover, R. E., The Cane As A Travel Aid, in Blindness, Zahl, P.A., ed., New York, Hafner, 1962.
Hoover, R. E., Foot Travel at Valley Forge, Outlook for the Blind, 1946.
Hoover, R. E., Orientation and Travel Technique, Proceedings of the American Association of Workers for the Blind, 1947.
Hoover, R. E., a part of the presentation, Propaganda for Living, in Proceedings of the American Association of Workers for the Blind, 1960.

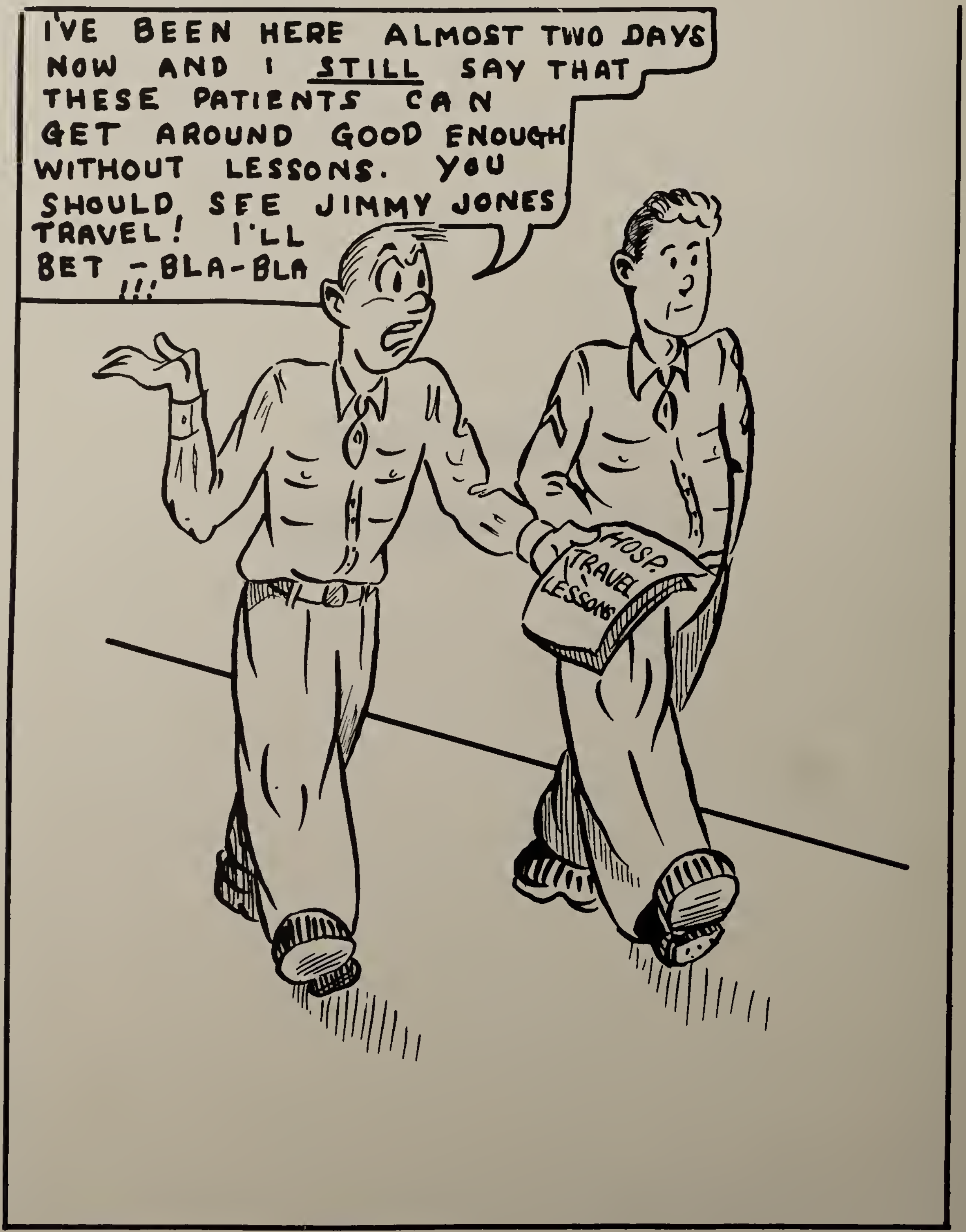
[4] Bledsoe

[5] Outlook, Vol. IV, No. 1, Page 10.

[6] Annual Report of the Perkins School, 1872, Page 35.

CARTOONS FROM
THE VALLEY FORGE GUIDE

Hasty generalization is one of the most common faults of the human mind. After making the acquaintance of one patient, do not assume that all the others are just like him.


I'VE BEEN HERE ALMOST TWO DAYS NOW AND I STILL SAY THAT THESE PATIENTS CAN GET AROUND GOOD ENOUGH WITHOUT LESSONS. YOU SHOULD SEE JIMMY JONES TRAVEL! I'LL BET - BLA-BLA !!!
HOSP. TRAVEL LESSONS

Part of your job is to find out what a patient wants that is constructive and help him to get it. In order to do this, you must know the patient. Never assume that you know more about him than he knows about himself. Always remember he did not lose his wits when he lost his sight, and, if you treat him as though he had, he may wrap his cane around your neck.

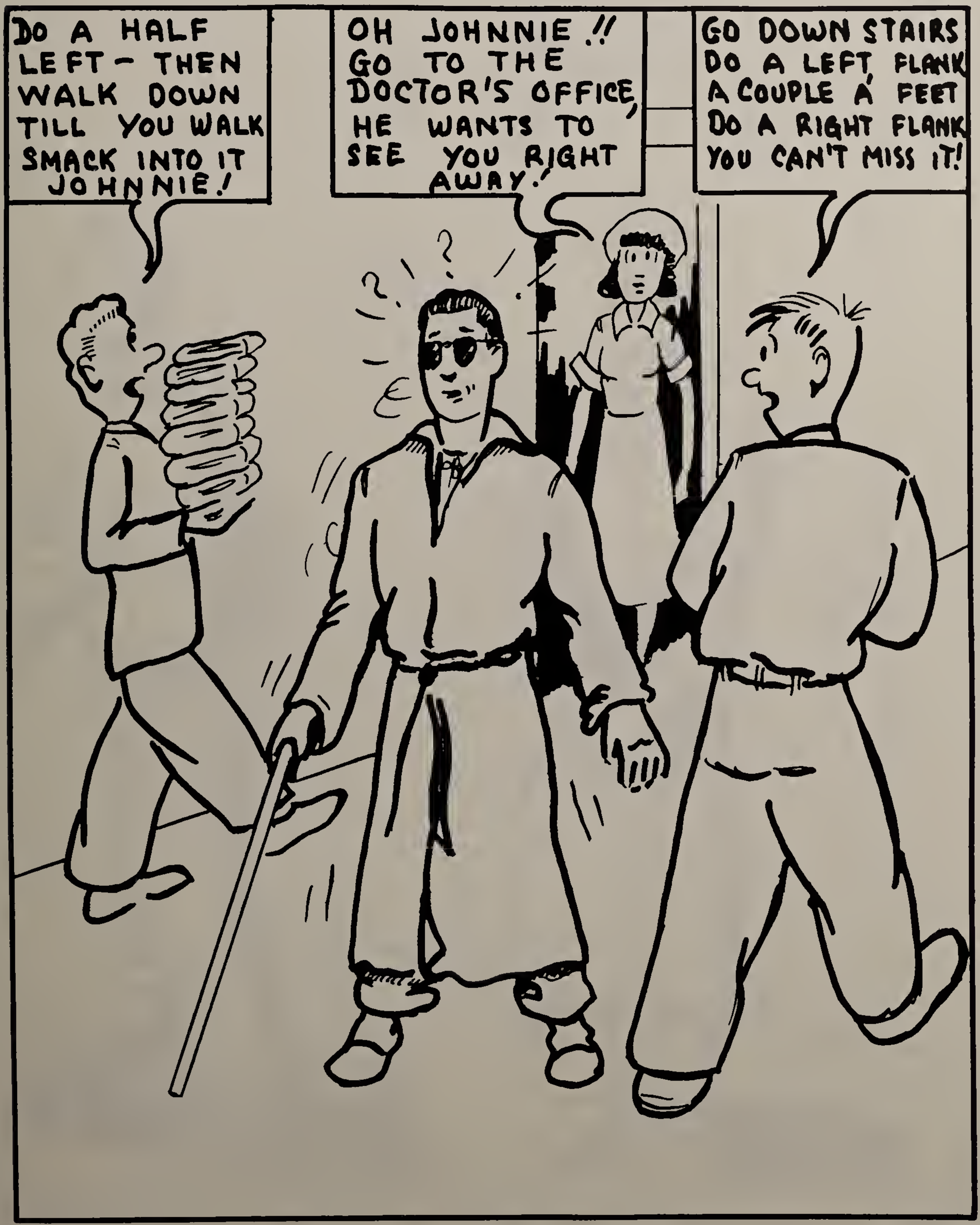
People have a tendency to shout at those who cannot see. Do not shout; on the other hand do not mumble your words. Speak distinctly. You know you are not doing this if the patient keeps asking you to repeat what you say.

Picture carefully what move the patient is about to make in order that exact directions may be given. Be helpful by looking ahead and anticipating. Especially avoid mixing right and left. This is frequently done if you are not careful when you are facing him and causes much confusion.

OH! THAT REMINDS ME— UPON ENTERING A WARD, YOU'LL FIND TWO DOORS THAT EXTEND OUT FROM THE WALL A LITTLE!

When you guide a patient into a place of public assembly, such as the P.X., be sure that he understands his location, especially if you leave him for a few moments. It is better under such circumstances to establish some point of contact, such as a counter, table, chair or wall.

Rarely is anything done well in confusion. Particularly in the case of people without sight this must be kept in mind. Pains must be taken at all times to avoid mixups, indecision and upheavals in plans.


DO A HALF LEFT - THEN WALK DOWN TILL YOU WALK SMACK INTO IT JOHNNIE!
OH JOHNNIE!! GO TO THE DOCTOR'S OFFICE, HE WANTS TO SEE YOU RIGHT AWAY!
GO DOWN STAIRS DO A LEFT FLANK A COUPLE A' FEET DO A RIGHT FLANK YOU CAN'T MISS IT!
?
?

Make it clear when you are leaving a patient. Never leave him talking to you when you are not there. Tell him when you come back.

Never watch a patient's performance when it is obviously unnecessary. It increases his self-consciousness, as it would yours, and hampers his achievement.

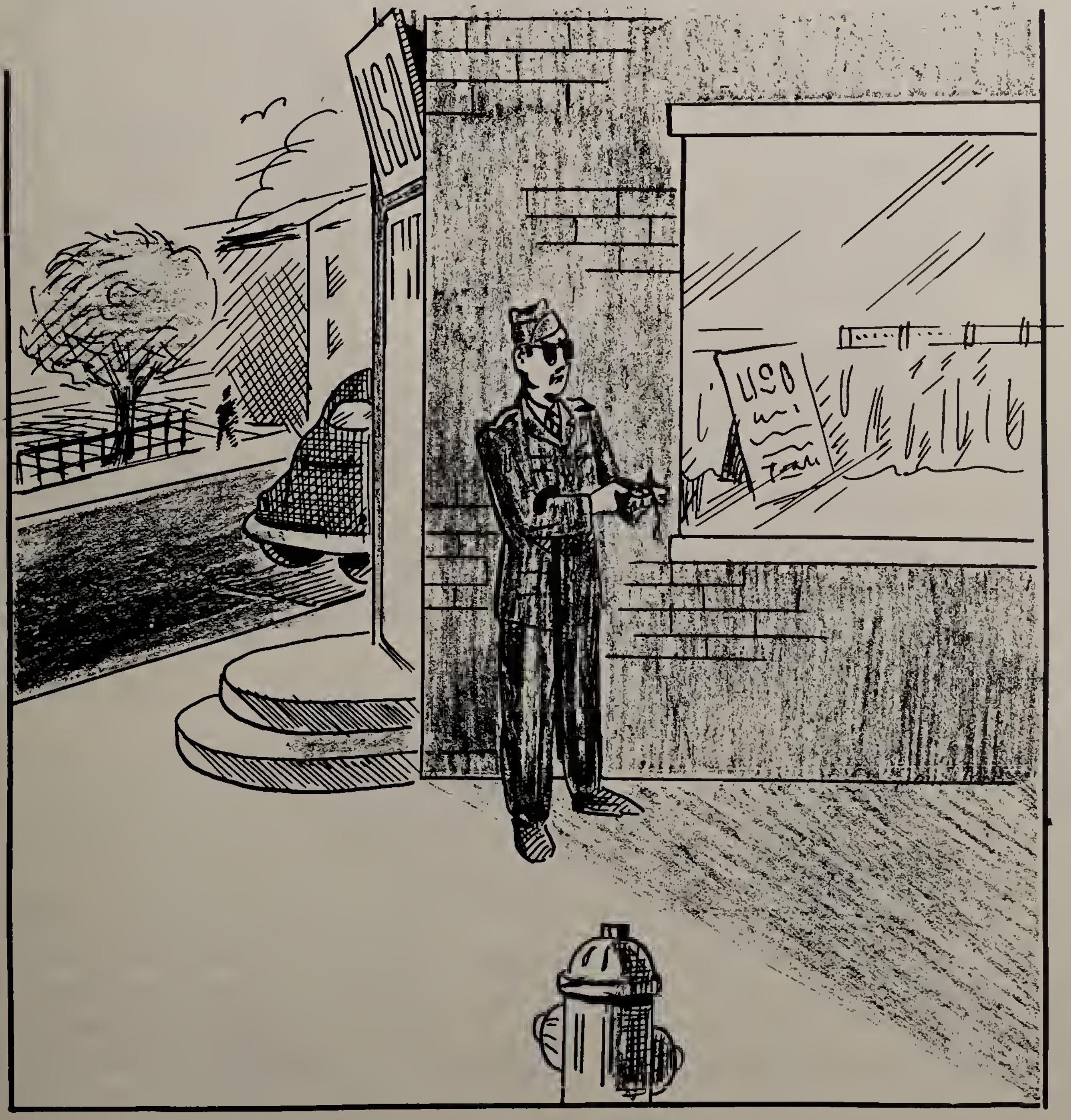
Be careful in offering examples of what the man across the aisle can do. *Let the patient find out for himself* about this in a natural way from general conversation. Never point it up and underline it in such a way that the patient will feel he is an ignoramus.

GLOOM
YOU DON'T WANT TO GO FOR A WALK? YOU SHOULD SEE YOUR CUBICLE PARTNER— HE TAKES OFF LIKE A GUY WHO COULD SEE.....A NATURAL, I GUESS!!!
H. T. LESSON PLAN

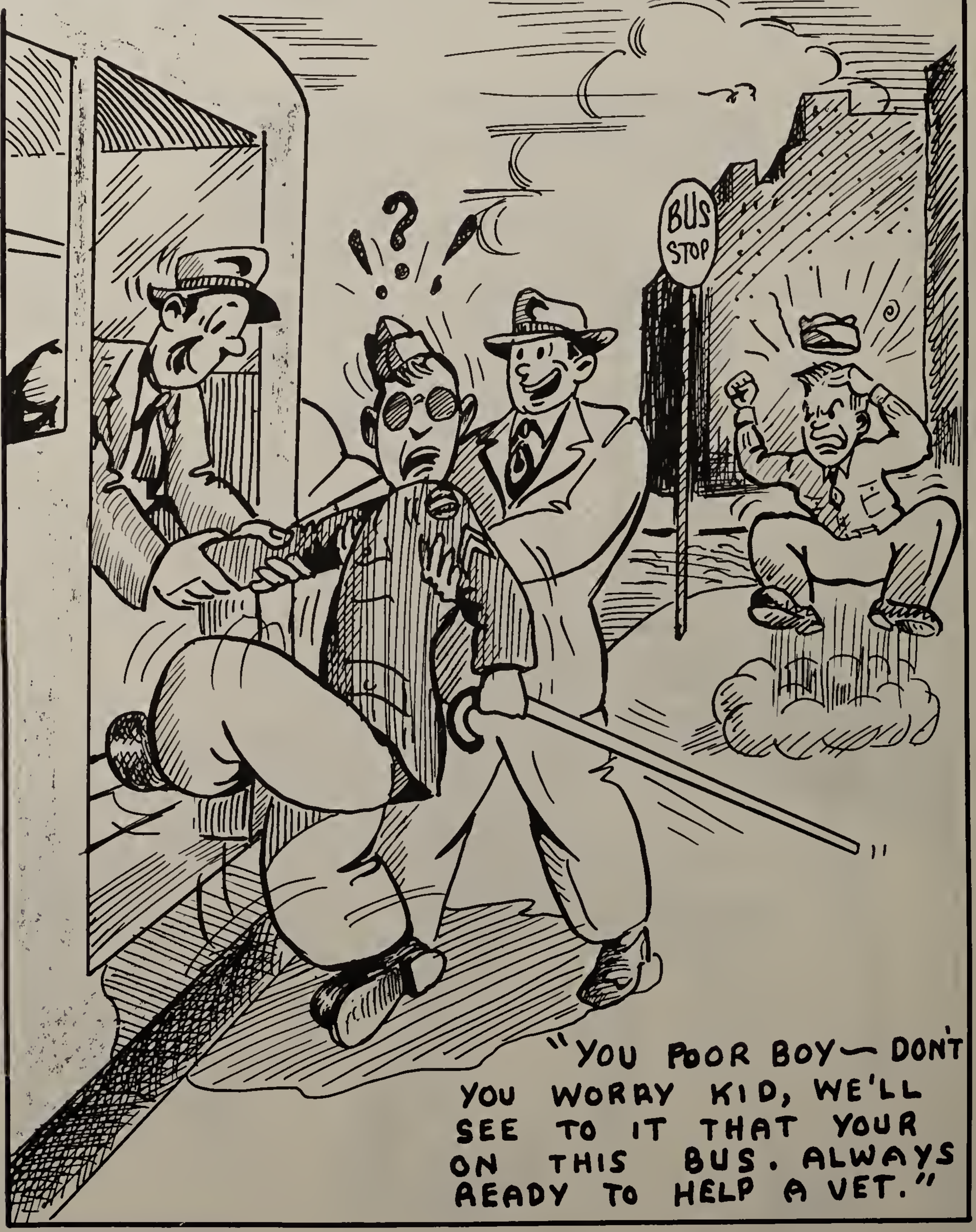
Frequent questions of people without sight are, "Where will I be able to find you?", "How will I get hold of you?", and, "Will you be there?"

It is very unpleasant for a patient who cannot see to be kept waiting, as he cannot scout for himself to see how matters are developing when there is delay.

Be definite in making appointments. Be prompt in meeting them. Give the patient an alternative course of action in case of an emergency which might prevent you meeting him.



Do not be too forward toward well-meaning people when they make mistakes in their relations with the patients. You cannot without embarrassment give a course on the spur of the moment in how people without sight should be treated.


BUS STOP
"YOU POOR BOY — DON'T YOU WORRY KID, WE'LL SEE TO IT THAT YOUR ON THIS BUS. ALWAYS READY TO HELP A VET."

THE POWER OF NEGATIVE THINKING IN PUBLIC RELATIONS

By Robert H. Whitstock

Lusty cries of "Help the Blind" came from all directions. It was noon in late autumn and I was on my way to a luncheon appointment, threading through the crowds that clogged the downtown business district of a large midwestern city with the help of my Seeing Eye dog. Members of a local civic organization were out in force, hawking sugar-coated popcorn on every corner with vigor and obvious enjoyment, secure in their belief that they were serving "the blind". Sales were brisk despite inflated prices, and for the hawkers this was good; the profits were destined to aid "unfortunates" of their community. The hawkers' ranks were swelled by blind people and by staff members of agencies serving "the blind" who were to be the beneficiaries of this strident effort. There was a kind of carnival atmosphere in this scene of group begging, and obviously both "buyers" and "sellers" felt good.

For me, though, it was a disturbing moment. It focused in fleeting microcosm so much that is negative and so much that humiliates. A wave of feelings I had long suppressed arose within me – feelings I thought I had resolved – resentment, hostility and indignation. There I was, caught up in a tumult of organized effort which ostensibly had been released in my behalf and that of other blind individuals. There, on the streets, in the market place of public attitudes, my dignity and my right to anonymity were being traded by the well-intentioned for an anticipated $90,000. It was a goodly sum, one that would doubtless pay for many helpful services, but to my way of thinking, the price was out of line. The end did not justify the means.

Much Progress Now Being Made

There are doubtless some blind persons who do not react as I do to such practices, who fail to see any difference between them and say, the annual cookie sale sponsored by the Girl Scouts. But my approach in this assignment is, of necessity, more subjective than objective. Coming in contact as I do with hundreds of blind and thousands of sighted persons in my travels each year, I have an obvious vantage point from which to view the total range of available services, the way they are rendered and how they are accepted or rejected by blind persons. I have opportunity also to observe the reactions of the public to blindness, blind persons and agency activities. I find much progress being made in many parts of the nation, but there are still many actions and reactions taking place that, in my opinion, do impede progress. It is on some of these that I propose to touch in this brief paper.

It would be unfair to imply that the type of fund-raising activity described here is widespread. Many workers in the field–new and old–and many enlightened volunteers have recognized the illogic of such practices. Those who have modified their practices, I am sure, have been gratified not only by the improvement of public attitudes but by the financial results as well. An interesting example of a new fund raising approach among other philanthropic services—not yet tried by any of our agencies, I believe—is taking place in the nation's capital: benefit dinner dances are being staged without dinner or dance. The money saved on the affair itself and on the price of gowns not purchased to wear to an event not actually held is thus more likely to be contributed directly to the charity. I suspect the intangible gains are at least equal to the tangible ones.

It is never easy to break with traditions, especially when they are as deeply rooted in our culture as the old stereotypes of blindness and blind persons. We are all familiar with these: that blindness represents divine retribution or a test of man's character through adversity; benevolence to those thus tested or punished is blessed; that such benevolence is justifiably expressed in paternalism, dependency and the support of mendicancy in one form or another; and that poverty, isolation and loss of individuality are inevitable consequences of the affliction. That these stereotypes still exist despite enlightened philosophies and highly sophisticated public relations programs must be clearly recognized and dealt with vigorously.

Many supportive organizations—those beginning to wonder about the basic validity of popcorn sales, for example—have a far greater potential for good than they realize. Who can blame them for lagging, though, if we continually dangle before them the ancient stereotypes associated with and too long exploited in "helping the blind"? If those of us who are professionally responsible do not explain the invalidity of these stereotypes and offer appropriate alternatives, then who is to do so? My experience has been that the majority of clubs that have staked their claims to "the blind" as a cause in which to express their innate humanitarianism will accept more accurate interpretation of the facts and are mature enough to understand their significance. The fact that their national offices proclaim a sacrosanct autonomy for their individual chapters makes it more difficult for the agencies to fulfill their major responsibilities. High level discussions between agency leaders and national executives of such service organizations would seem a reasonable first step, if a more consistent and appropriate approach is to be made in their joint efforts.

P.R. People No Longer Mere Publicists

From my observation, the agencies that have been successful in their fund-raising have also set high standards in their public education programs—their public relations, if you prefer. Straight thinking is, of course, essential in planning and executing the public relations program. In the kind of analytic process referred to, many in the agency, from top to bottom, will participate. A good cross section of clients should also be consulted, from satisfied "customers" to "recalcitrants", if we are to get an accurate assessment of our philosophy and policies in action and if we are to determine whether they fairly represent the public interest.

I am encouraged that the good public relations man or woman is no longer a mere publicist, but is a broad-gauged person capable of making an important contribution to the formation of policy and program, not simply promoting or seeking financial support for them, regardless of their validity. He often sits in on policy-making sessions, and he may even need to restrain an eager administrator or program specialist who occasionally confuses ends with means, no less often than he himself needs to be restrained by either of them. One of his major tasks with the agency is to serve as a kind of objective alter ego, a post not unlike that to which I have been temporarily assigned by the editors of Blindness 1968. The alter ego must often stand outside itself and try "to see ourselves as others see us." Such "deputy-consciences" must recognize the power of truth and of positive thinking. We must beware the insidious power of stereotypes and of negative thinking.

Among the more insidious problems with which the agencies, their clientele and all who are constructively associated with them have to contend is unquestionably the blind beggar. The beggar is a master at exploiting the traditional stereotypes associated with blindness and blind individuals; in fact, he is a walking stereotype himself! He can do more in the community to undermine the progress of a self-respecting blind person or the program of an enlightened agency than almost any other single thing. Yet if we attempt to dissuade or deny him what some feel is his ancient right to beg, we are accused of destroying his individuality and initiative.

Many agencies, from time to time, have taken up the cudgels against mendicancy, but for the most part their efforts have been half-hearted and unsuccessful. The agencies obviously cannot do the job alone, but their public education effort needs to be concentrated on officials of local government as well as on the general public. The beggar should not be permitted to conduct his tax-free business. But if legal restrictions fail to stop him, the number of his soft-hearted and unthinking donors must somehow be reduced to an unprofitable minimum. Frustrated by previous efforts in this direction, we must not accept the easy conclusion that most donors are invulnerable to public education efforts or that the authorities are indifferent or pre-occupied. Even if we can't completely stop the beggar and redirect his ingenious energies, we must not cease to try. I frequently see "rub-off" values accruing from our efforts.

Direct Personal Contact Lacking

For the veteran worker in our field, it is unnecessary to point out how or why the "average" sighted person accepts the traditional stereotypes related to blindness. But then I realize there are many others who may read this and find some value in a brief reference. The average person is aware that sight is a vital link between himself and his environment. In a reflective moment, now and then, he surely realizes that loss of sight can seriously complicate human functioning, as indeed it does. My guess is that he usually thinks of blindness in the total sense. He is seldom aware of the many variations in type and degree of visual impairment and of the special problems each imposes.

Because the legally blind population is only two-tenths of one percent of the total, few citizens have any direct personal contact with blindness and few give the subject more than passing consideration. When an individual has had contact with blindness or a blind person, that contact quite naturally becomes the mold which shapes extensively his comprehension and attitudes. Concepts thus acquired are generalized and applied more or less indiscriminately to all other situations, individuals and even agencies related to blindness. Attitudes toward blindness are, therefore, relatively undeveloped and non-specific, seldom influenced by personal involvement. Into this kind of vacuum the ancient stereotypes rush with great speed and in it they flourish.

After living approximately 30 years as a blind person, much of the past 10 of which have been spent traveling throughout the United States, I am thoroughly convinced that most blind people lead needlessly restricted and isolated lives. Many are dissatisfied with their lot in life, are more or less resigned to their status and are unmotivated and undirected in doing anything about it. If so large a segment of a small minority group is, for the most part, removed from circulation and their individuality left unnourished, unexpressed and unknown, it should not, it seems to me, be the great puzzle it is that the public takes hold of the stereotypes it does.

I submit further that another reason some sighted persons find it difficult to relate wholesomely to a blind person, that the reason they fear blindness only a little less than they fear cancer and cardiac failure is that they subconsciously fear loss of their own individuality (the ultimate expression of life) should they themselves become blind. Most of us avoid contact with dying people. Few blind people die of causes related to blindness, but one would think otherwise on close examination of common reactions to blindness. Counteracting this lack of normal relationships must be more a function of blind persons themselves and of the agencies that serve them than of the sighted public.

Some blind people need greater assistance than do others in establishing themselves as individuals. As Dr. Thomas Linde writes in a recent article, however, ". . . somebody has to open the door for them. Somebody has to explain just what the individual can or cannot do. But . . . it is the individual himself who is ultimately going to keep it [the door] open. It is his performance that will decide whether those around him have learned to perceive him as a whole person or merely as a curiosity who does not really fit in. Fitting in represents individual achievement; patently, it cannot be claimed by those who happen to share a diagnostic label."[1] Earlier in the same article, he suggests that public enlightenment programs should not necessarily be scrapped, but emphasis might better be shifted from "the hetereogeneous, bewildered and beleaguered public" to the handicapped individual who, after all, "is one of a kind."

Lack of Consistent Philosophy in Program and Staff

In considering the efforts of the blind person to resuscitate and preserve his individuality, to live as the "one of a kind" entity he is (as is every other living thing), I must at this point refer to some of the attitudes and activities of the agencies that are trying "to open the door" for the "individuality-seeker". I have been struck, first of all, by the diversity of existing attitudes and programs. Within a few organizations there are discordant views on the nature and consequences of blindness, some are self-defeating, others over-sanguine. These inconsistencies, where and when they are found, lead one to doubt the existence of a unified philosophy upon which the operating program is based; or if it does exist, that some departments have had no part in its writing and are unaware of its significance or even of its existence; or they do not agree with it.

Whatever the problem, the resulting lack of a consistent philosophy is undeniably reflected in the program itself and, just as important, in the attitudes of the staff. Yes, the belabored subject of public attitudes in some instances needs to be examined closer to home, not just amidst the public at large.

Staff members, like everyone else, are individuals, too. They have their strengths and their weaknesses; their predispositions and prejudices. No amount of professional training can change that basic fact of life, though it may perhaps enable some individuals to express their fixed viewpoints in more academic terminology. I surmise that this happens less often with the brand new and inexperienced, though professionally trained worker than it does with the older hand who hopes to improve himself by taking a graduate course or two later in life. In any event, increasing numbers of professionally trained personnel are assuming greater and greater responsibility in our field, and the need for many more is readily apparent to one who has opportunity to take a longer view. But as all competent administrators know, professional degrees cannot be the only consideration in employment of new personnel. More effective means are needed to screen out those who seek, in working with blind persons, a means to gratify their own emotional needs. How can we spot, before they do too much damage, the ones who are apt to become paternalistic, condescending or even officious in their relationships with their clientele? Above all, the administrator, with his trustees and key staff associates, must be eternally vigilant to ensure that nothing in the character, content and operation of the agency program fosters these negative qualities. When these qualities are clearly visible, the causal factors must be rooted out. The quality of objectivity previously referred to takes on special meaning here.

"Rebels" Need Greater Support

Where paternalism, condescension and officiousness exist, it is not surprising to find a number of staff members (professional and non-professional) whose attitudes and job performance reflect little faith in what blind individuals can do. Even the casual visitor can recognize this in the possessive and protective manner some workers exhibit toward their clients; in the way they address them quite often as they would children; in the way they fail to require certain standards of conduct for them, of personal grooming, posture, table etiquette and the like; and in the way many services are rendered without consideration of the individual's ability or desire to pay his share of the cost. The last-mentioned point concerns agency policy and cannot, of course, be the responsibility of any single staff member; but where a policy of totally free services does prevail in an agency, it is interesting to see the effect it has on both the practitioner and the recipient.

One of the most concrete ways in which the underlying lack of faith in the blind individual is expressed is in the categorizing of job opportunities: blind people can perform only certain jobs. In many instances the vending stand, say, or the piano tuning job has proved to be just the answer. But the graduate engineer who rebels at one or the other should not be labelled "uncooperative." Whenever possible, he must be given greater support in seeking to develop an imaginative idea. He should not be told he is "unrealistic" or asked why he must "rock the boat." It may take longer to make a case closure in such instances, but the final results will be much more rewarding to all concerned. We also avoid presenting to the public a frustrated, unhappy blind man who fits all too well into its stereotype of blindness.

Many of the problems we experience in educating the public are, as we have observed, of our own making. It is my impression, for example, that we are often guilty of doing not too little, but too much. This is frequently true in the placement field. Our vocational services have struggled valiantly and with increasing success to establish close relationships between themselves and selected groups of employers. There are, however, many blind individuals who are capable of—and indeed thrive on—independent action. What happens when they seek employment on their own, directly or through a general employment agency? Sooner or later, it turns out that one or more of them is "trespassing"—he is seeking work at a company that has at least tacitly agreed to employ only those blind people previously cleared through the vocational service. The blind person has to back up and place himself under the jurisdiction of the commission, or its federally-subsidized vocational placement service. He has to be evaluated, trained and taken by the hand, as it were, back again to the door of the employer where he had earlier been on the verge of obtaining employment on his own. Such a process may permit a more systematic doling out of available jobs, but does it not quite often strike an agonizing blow at personal initiative? Is it not cultivating a new kind of paternalism that is inconsistent with our total aims? Who can blame the prospective employer for being just a little confused?

Living Examples . . . Not Statistics

Another example of carrying out our mission too well is to be found in the sub-contract shop. There is no doubt that the sub-contract shop is a great improvement over the traditional handcraft industry so prevalent in earlier days. However, I can think of several communities where a large industrial plant that once hired blind employees now places work with the sub-contract shop, and no longer hires blind persons. It is valuable to provide job opportunities within a contract shop, but it is equally necessary to emphasize to potential community employers that one purpose of these shops is to demonstrate the competitive employability of blind persons. In other words, more attention must be paid to the use of a contract shop as a sales technique for opening industrial jobs throughout a community to capable blind workers.

The public is—or should be—aware that there are some individuals who are sub-marginal workers and that they need sheltered employment. What the public sees less clearly is that blind people are individuals and that with adequate rehabilitation services many of these individuals can be absorbed totally within their communities. Living examples, not statistics, have the force that counts. We have all failed in achieving our highest aims if we have not yet convinced the public that blind persons are individuals. Consciously or unconsciously, we have too often engaged in activities that have presented blind people to the public as a distinct and separate group. More needs to be done to integrate blind people in all aspects of community life—socially, vocationally and politically. In these troubled times, we need to do this with all of our minority groups—not only with the handicapped person.

As I travel the country, I keep wondering if there could not be greater coordination between many of the agencies serving blind persons and some of the other community organizations not now considered a part of our field. Many of the problems of older blind persons, for example, are comparable to the problems experienced by many other older but sighted individuals. Professional personnel in other types of agencies may be even better equipped than we are to help with the problems of the aging individual who happens to be blind. I am aware of the difficulties of selling this idea, of enlisting cooperation, but if we can convince ourselves it is right, we have a good start on convincing others. No one can deny we have done a better job of this sort of intra-field cooperation for visually handicapped children. With the older blind we seem to feel we have some proprietary hold on them, and such an attitude is always harmful—to the worker, the agency, the public and especially the blind individual.

Realistic Timing Vital Element

The phrase, "learning to accept blindness", has for a long time puzzled me. From my experience it seems that to different agencies and to individual professional workers, the phrase has varied meanings. This has importance, as certain services are withheld until it is felt a person has "learned to accept his blindness." If learning to accept blindness means that the person is ready to accept constructive help, then to me it would be a useful term. There are many excellent rehabilitation services which can assist the individual in a variety of skills needed to cope with his social and physical environment. I am concerned, however, with what some other workers in the field mean when they say "learning to accept blindness." In putting the term into practice they appear to me to teach an individual to resign himself to a restricted, dependent and segregated kind of existence. I have the disquieting feeling that some blind people today, in the name of rehabilitation, are being prepared unconsciously for a segregated, superficially independent but privilege-demanding role in the traditional "world of the blind."[2]

Realistic timing is a vital element in genuine rehabilitation. There is no question that a critical adjustment period follows the loss of sight, but the sooner wholesome rehabilitation services are brought to bear in that individual's life, the more effective will be the result. Too often, however, there is a debilitating delay between onset of blindness and the rendering of service. Of course, case loads are heavy, but this still does not negate the basic fact that wholesome rehabilitation work must begin as early as possible. Delays are frequent, and though most of the causes for delay are well known, the fact remains that delays can lead to eventual failures. Effective services must be brought to bear on the life of the blinded individual as soon as possible. Better communication between agencies which serve blind people and blind persons themselves is important, and again I would make reference here to the study sponsored by The Jewish Guild for the Blind, previously footnoted. The newly blinded, inhibited as they often are in seeking out rehabilitation services, apparently are special victims of the negative stereotypes associated with blindness. Many agencies simply do not seem to be aware of this; or if they are, they seem incapable of altering some of their stereotyped patterns, procedures and terminology accordingly.

Resentment Toward Professional Services

There are a large number of persons who refuse to have anything to do with blindness, avoiding the word and cringing on contact with other blind people. The fact remains that our attitude, and the way we have accommodated to our lives, play a vital role in our community acceptance. There is an interaction between what we do and say as individuals and the mirrored response we get from our environment. There is a truth too little dealt with in the formal rehabilitation process, but it seems to me an essential principle. Unquestionable, there is discrimination in the employment field, but even here the individual himself can do much to overcome the problem. In social relationships, I believe the role of stereotypes and of community misinformation is less controlling. Very often the individual who complains most bitterly about public attitudes is one who, through his own actions and words, has elicited these reactions.

Many of the blind people I have met have felt quite resentful toward the professional services available to them. From their reactions, we can discover ways for improving the program offered. Some individuals feel that when they needed help it did not come, or it came too slowly. Others were dropped from services because they were “uncooperative.” Many have been over-trained or over-educated for the jobs they presently hold, but were told that they should be grateful for what they had because they were blind. Others felt stripped of self-respect and dignity by what they interpreted as disinterested treatment or paternal condescension. Often they were angry with themselves and with the world, but were not given the kind of guidance to deal effectively with their problems.

In geographic and service areas, unwarranted duplication and competition are frequently apparent and can only leave the public, including many potential clients, greatly confused. To some extent a rift exists between those engaged in the prevention of blindness and those who offer rehabilitation services, and this gap needs to be closed so that both kinds of productive activity can be coordinated. It is this swirl of uncoordinated services, attitudes and philosophy which the public sees and cannot understand. It is, in a sense, negative education which tends to harden stereotypes and blocks us from our objective.

The American Association of Workers for the Blind, with its new “grass root” approach through regionalization, should be able to improve the coordination of services, and marshal a more united response to community needs. The creation of the National Accreditation Council also holds hope for the future that services rendered blind persons can be uniformly improved.

This is no wish on my part for rigidity and inflexibility, but a hope instead for the further development of imaginative programs whose governing philosophy will be implemented by professional and competent personnel. The successful rehabilitants from such programs will, by their lives, educate the community far more effectively than words or photographs ever can.

Much Done, Much Left To Do

Many blind people have learned to cope with life by withdrawal or through self-effacing docility. Many are bitter about public attitudes and have an ingrown hostility toward persons who can see. Demands for special privileges and special considerations are often mingled with a strident clamor for equal opportunity. I cannot help but wonder how much all of this is due to the manner in which our services are offered and to the content of the program rendered. How much of this is lack of service, or too much service, or inappropriate service?

Work in behalf of blind people has come a long way, and probably at no point in American history have there been so many blind persons actively participating in and contributing to community life. It is this group of successful and active blind individuals that is leading the way toward better public understanding. Not only should we strive to increase their number, but also to look more closely at the total operation of our program with a view to coordinating and strengthening our varied activities. We still have much to achieve!

FOOTNOTES

[1] Thomas F. Linde, Ph.D., "Public Education, A Necessary Myth, Revisited," *Journal of Rehabilitation,* March-April, 1968, pp. 24-25.

[2] Highly relevant to this discussion is a report entitled *Pilot Study-Early Rehabilitation Services for the Blind,* M. Anne McGuire, Project Director; Mrs. Janet Sillen, Ass't. Project Director, by The Jewish Guild for the Blind, 1880 Broadway, N.Y., N.Y. 10023, June 1966.

WHY AN EYE-BANK?

By R. Townley Paton, M.D.

Founder of The Eye-Bank for Sight Restoration, Inc. of New York

The transparent cornea is similar to the crystal on a watch. It is about the size of a dime and about the same thickness. It has no direct blood supply and is nourished by the tears in front and by the aqueous humor in back. The pupil and iris (the colored portion of the eye) can be seen plainly through the normal healthy cornea. When the cornea becomes scarred by disease or injury the patient loses vision, and in extreme cases the eye may become unsightly.

The treatment of corneal scars goes back many centuries. In fact, the Greek physician, Galen, first recommended abrasio corneae (scraping of the cornea). Before that, in early Egyptian times, lamp black or soot was rubbed into the disfiguring scars. Tattooing of disfiguring scars was practiced in India for many centuries. In England in the 1700s, Chevalier Taylor, an itinerant quack who toured the fairs quoting Latin tags and selling secret remedies, practiced two types of methods for corneal scars. One method was, in his own words, "to pare off the excrescence with a small curved knife, leaving as few inequalities as possible;" the other, "to scrub the eye with a small brush made of barley bristles." Pellier de Quengsy, in 1771, had the idea of making an artificial cornea out of glass but this proved to be a failure. In the 19th century experiments were carried out on animals, and corneas of dogs, cats, rabbits and pigs were used on man, with little success. But each experimenter added to the fund of knowledge available to his successors, and effective corneal transplantation was coming closer and closer to realization.

Initial Success Noted in 1905

The first successful human corneal transplant was performed by Edward Zirm, a Viennese ophthalmologist in Olmutz, Austria, on December 7, 1905. He got the idea of using human donor material from Sellerbeck who, on June 13, 1878, attempted to use human donor material, but his case was a failure. Zirm used a Von Hippel type of trephine or circular cutting device not unlike those used today to cut the graft, which was then held in place by only two fine threads running over the cornea from the marginal limbus on each side. Elschnig of Prague in 1914 began doing a large series of cases using Zirm's technique, but introduced the use of sutures. Earlier, in 1912, the school at Odessa under the guidance of Filatov was founded. This really marks the modern era of corneal transplantation. From then on transplants were being done in increasing numbers on the Continent.

In this country before the first World War scarcely any transplants were attempted. Ebeling and Carrel, working on tissue preservation at the Rockefeller Institute in 1912, did corneal transplants on cats. Ascher in 1919 began doing transplants on humans and later carried on a whole series of experiments on animals. Burke in Washington, 1921, reported on a total penetrating graft which resulted in some improvement in sight over a period of time, and Key in 1930, using a similar technique, brought about some further improvement, but eventually the eye was lost from secondary glaucoma. The discovery by Filatov in the 1920s that a cadaver's eyes may be used for a corneal transplantation gave a great impetus to this field of ophthalmic surgery.

There are two types of transplants that are commonly done today. If the scarring is quite superficial and does not involve all the layers of the cornea, then a partial-thickness graft can be performed. If all the layers of the cornea are involved, then a full-thickness graft is attempted. The eyes of older people are usually used for the partial-thickness grafts, while the eyes of younger donors are commonly used for the full-thickness type of corneal transplantation. The difficulty of obtaining eyes when I first became interested in this type of eye surgery was so great that on several occasions I resorted to obtaining eyes from Sing Sing, a rather unpleasant experience. Electrocutions took place at midnight, and after removing the eyes I had to drive back to New York and place the eyes in a refrigerator in our apartment, which I did once too often. As a result we lost a good Irish cook who, one morning when opening the refrigerator, found two human eyes floating in a finger bowl staring at her!

As the volume of cases increased it became obvious that a center would have to be established for the concentration of fresh donor material. So, in 1944 with the assistance of Mrs. Eleanor Lehr, a doctor's widow, an eye-bank was started for the sole purpose of collecting and distributing corneal tissue. Since then, we have had three executive directors, Mrs. Aida de Acosta Breckinridge, Mrs. A. Carl Competello, and our present one, Mrs. Cornelius P. Rhoads.

Headquarters Established in New York

By the end of 1944 the program was well launched. A grant of $25,000 from the Milbank Memorial Fund provided the initial financing, supplemented by various private donations. Permanent headquarters were established at the Manhattan Eye, Ear and Throat Hospital, which now provide 24-hour telephone service and laboratory facilities adequate for examination, refrigeration and storage. Affiliation of hospitals was begun in the New York City area and a procedure worked out for obtaining donated eyes. Consent forms were devised, and publicity for the new venture was arranged through Time, The Reader's Digest, and other national publications. Funds were obtained from private sources for several scholarships to train ophthalmologists in corneal grafting and in various phases of eye research. A board of directors was formed and The Eye-Bank for Sight Restoration was incorporated February 21, 1945, under the laws of New York State.

At this time it was believed by the directors of the Eye-Bank and by many medical groups throughout the country that the collection and distribution of eyes could be best handled by one national center, and that the Eye-Bank was the logical choice. Not all agreed with this point of view, however, and undoubtedly the potential uses of the corneal transplant operation had been greatly underestimated. Before many months had elapsed, eye surgeons trained in corneal transplantation had spread to other parts of the country, and in the centers where they operated it was logical that eye-banks should be established as sources of supply. Many of these came to be affiliated with The Eye-Bank for Sight Restoration, before the Eye-Bank Association of America was organized on a country-wide basis.

Now 75 Affiliated Eye-Banks

Transportation of eyes was one of the initial problems to be overcome, and this was done largely with the help of Eastern Air Lines. Through the generosity of Mr. Edward

Rickenbacker, president, and Mr. Beverly Griffith, public-relations director, an arrangement was made whereby Eastern carried eye-bank eyes free of charge, even providing thermos shipping containers. This arrangement is still in operation today. Other airlines also have shown their willingness to cooperate and have vastly facilitated rapid and efficient transportation, as has the Air Express Division of the Railway Express Agency.

There are now some seventy affiliated Eye-Banks in this country and meetings are held for an exchange of ideas and to establish a better cooperation among Eye-Banks.

The Eye-Bank Code of Ethics is as follows:

1. Eye tissue shall neither be bought nor sold.
2. Eye tissue shall be distributed without discrimination based on race, creed, color, or national origin.
3. Eye tissue shall be distributed only to qualified ophthalmologists on a first come, first served basis, except in an emergency.
4. The wishes of the immediate family shall be respected in carrying out the donor's eye pledge.
5. The names of donor and recipient shall not be disclosed without written consent.
6. Eye pledges shall be solicited in a dignified manner.
7. Fund raising shall be ethically conducted.
8. Eye-banks shall not compete with one another.
9. All public information shall be medically approved.

Eye-banks have also been established in a number of foreign countries. France passed a law in 1947, making it possible to remove eyes without permission from the nearest of kin. England has somewhat similar laws although the nearest of kin's wishes are respected. In this country the laws differ in several states but in New York State the law today permits the removal of eyes after death, provided the donor has signed a pledge card and his signature is witnessed by two people of legal age. Eyes should be removed from four to six hours after death, and if the physician does not know the usual procedure he should call The Eye-Bank for Sight Restoration, Inc. for instructions. Within 50 miles of New York City, The Eye-Bank will send a doctor, if necessary, to be sure eyes are removed properly, whether the donor dies in a hospital or elsewhere. These doctors are on call 24 hours a day, 365 days a year, to serve The Eye-Bank, in addition to their regular duties.

Amateur Radio Operators at Work

To help eye-banks locate eyes to meet emergencies, Dr. Alson E.Braley, chief of the Ophthalmology Department of the State University of Iowa in Iowa City, last year worked with the Iowa Lions Eye-Bank to set up a nationwide "Eye-Bank Network" of amateur radio operators who maintain daily contact.

One of the ham operators is a blind boy, Bob Caniff, a newcomer to the Eye-Bank Network, who represents the Illinois Eye-Bank along with several other amateurs in that area. A paid employee of the Eye-Bank, Bob takes calls from donors and performs a variety of services. For instance, he handles the calls that come into the Eye-Bank via telephone on holidays, weekends and from 6 p.m. to 6 a.m. every night.

Some years ago a 26-year-old mother of a newborn child lost her vision from an infection which clouded the corneas of both eyes. Following a successful corneal transplant, she saw her year old baby girl for the first time.

One of the most dramatic results was a corneal transplant performed on a doctor whose sight deteriorated because of keratoconus, a disease that causes the cornea to grow into a cone shape. Following a corneal transplant on each eye, he was able to return to his research work in helping to develop the artificial kidney which already has saved many lives.

With improved methods of preservation of corneas a time will come when the corneas can be stored for an indefinite period of time. At the present time the usual time factor is three days. Eyes that are not suitable for corneal transplantation are used for research purposes so that no eye coming into The Eye-Bank ever goes to waste.

HISTORY AND DEVELOPMENT OF WORKSHOPS FOR THE BLIND IN THE UNITED STATES

By Henry C. Seward

A review of the literature concerned with the history of the workshop movement is most interesting and enlightening. However, this article is not intended to be a scholarly approach to a documentation of the history and development of the workshop movement. For all intent and purposes, it is an attempt to pull together the many eras, philosophies and changes which have come about in its 128-year history. It is the writer's hope that the professionals in the field will reflect on the work that has been done in the past, using it as a foundation to build a forward, progressive and imaginative approach to the many unsolved problems in work for the blind which have emerged and will emerge as we face action programs in the 1970's.

Historians place the birth of the workshop movement for the blind in the year 1840, when the Perkins Institution and Massachusetts Asylum for the Blind, under the direction of Dr. Samuel Gridley Howe, established an adult employment department for some of its former pupils. This is well documented in Perkins Institution's ninth annual report which states:

> It was mentioned in last year's report that great want was felt of an additional department to our Institution for the purpose of providing employment to those pupils who have acquired their education and learned to work, but who could not find employment or carry on business alone. Many a blind person has acquired a knowledge of some handicraft, but he cannot work at it, as seeing workmen do, or be employed in a common workshop; he has no capital, perhaps, and cannot buy materials, or wait uncertain time for the sales, and he is idle. It is for the sake of such persons we are happy to say, that a separate work department has been opened during the past year; and a beginning has been made of an establishment which, if successful will become of great value to the blind. Five males and four females have been steadily employed during a great part of the year, besides some who have worked occasionally. The principle is to allow them as much as they can earn over and above the cost of their board: part of them, however, work by the week; the highest amount of wages being $12 per month and board.

In the same report Dr. Howe further elaborates on the intent and purposes of the workshop department in the following way:

> It is not intended to be a source of gain to the Institution; on the contrary it must be a pecuniary loss at the outset; it is wholly for the benefit of the individuals who work in it; and as long as the liberal appropriation from the State shall be continued, it will not be necessary to deduct from the profits of the work anything to pay for the general expenses of supervision.

> In this department the blind feel perfectly independent, being assured that they earn the bread they eat; and if any surplus remains to them, it is far more prized than would be ten times the amount of alms.

Three years after this humble beginning, employment was extended to include blind adults who were not former students of the school. In 1850 an appropriation from the Massachusetts legislature made possible a special plant for the employment department and this special workshop functioned continuously for many years. In 1863 an attempt was made to establish a laundry for the employment of women, but after four years of operation it was considered a failure and abandoned. During the same period New York and Pennsylvania institutions established shops for adults as an extension of the residential school to fulfill employment opportunities for its former students. However, after a few years' experimentation, the industrial work departments gave way to the basic economic facts of production and demand. A large part of the goods were of a kind that could be easily manufactured by the blind but could not be marketed in the great numbers that they were being produced, resulting in huge stockpiles of a few specific items which cluttered up the stockrooms and all available space, resulting in tying up the meager resources necessary for the operation of a business establishment. Although these early experiences with workshops for the blind as adjuncts to the residential school did not grow and flourish as intended, they did give rise to the development of workshops as independent undertakings.

Documented by Best's Article

The first independent workshop for the blind to be established was the Pennsylvania Working Home for the Blind opened in Philadelphia in 1874, which continues to operate today. In the next few years both public and private endeavor was in this direction. Quite a number of workshops with domiciliary facilities were established. This period in the history of workshops for the blind is documented by Harry Best in "Blindness and the Blind in the United States," in the following manner:

> The next undertaking was in Louisville in 1882, this being known as the Kentucky Manufacturing Establishment for the Blind. It continued operations for about a dozen years.
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> The first direct public measure was the creation at Oakland in 1885 of the California Industrial Home for the Adult Blind. This institution has been regularly supported by the State to the present. Within the next five years, four establishments came into being, only one of which, however, has been of a durable character. In 1886 the State of Ohio established an industrial home at Iberia, which lasted for ten years. In 1887, Illinois did likewise, creating the Illinois Industrial Home for the Blind at Chicago, this continuing to the present. In 1888, a private establishment was opened at St. Joseph, Missouri, which was of only a few years' duration. In 1890, the State of Iowa created an industrial home at Knoxville, which was given up after an existence of ten years.
>
> From this time on, nearly all the shops that have been started have continued to the present. The year 1893 saw the establishment of two private ones, with some public aid, the Connecticut Institute for the Blind (Trades Department) at Wethersfield, and the Brooklyn Industrial Home for the Blind in New York. In 1899, a private establishment was started at Indianapolis, which in 1915 was adopted by the State; and in 1900, the Columbia Polytechnic Institute for the Blind at Washington, with some aid from the Federal Government.

Proliferation Era

The turn of the century ushered in a new era in the development of workshops for the blind. The number of shops grew by leaps and bounds. However, the services offered to clients during this period in history were basically those offered by the true pioneers in the field, which consisted of care, a modicum of training in the areas of production for the specific workshop, and terminal employment for the client. After a few years of operation, the results were the same as those experienced by the residential school. In their extensive efforts to create employment opportunities for their graduates, criticism was directed from time to time at the high cost of operations and the stockpiles of manufactured goods for which there was no sales outlet. However, in the face of the criticism, most of the shops were able to continue their operations and on a whole, gain public sanction and support. During this era workshops began to take on additional functions, such as circulating libraries and home teaching services. Some even entered into outside vocational placement of clients in industries and small business enterprises. Around 1937 some of the workshops assisted in implementation and administration of the Randolph-Sheppard vending stand program and later became nominees of the State licensing agency for certain aspects of program administration. In Maryland the workshop still remains the nominee of the State agency.

For more than a quarter of a century workshops for the blind continued to grow and diversify their operations. However, they were continuously plagued with the economic marketing of their production. The problem was compounded because of the lack of the techniques of merchandising and the relatively low monetary value of the items manufactured. The early pioneers in their selection of items to be made by the blind weighed their decisions too heavily in favor of articles that the blind could produce with a modicum of training rather than diversification, paralleling the basic law of supply and demand. There might also have been feeling on the part of the leaders in the field that since it was produced by the blind some magic would be associated with its sale. In any event, the production of unsaleable items gave rise to the door-to-door sales and sympathetic selling. This was an open invitation to non-ethical marketing practices which still to some extent prevail today. Yeoman efforts by leaders in work for the blind have been made toward outlawing such practices and most States have enacted stringent laws to regulate the sale of blind-made products.

Leaders in the field of workshops for the blind used all of the ingenuity and expertise avilable to keep the workshop movement alive and growing during the first third of the 20th century.

Wagner—O'Day Act Passed in 1938

The hue and cry from all corners of the land was for the development of dependable marketing outlets for a variety of products which experience had proved to be feasible items of production with blind clients. After a long search and unstinting efforts of a number of notable professionals in the field, the Wagner—O'Day Act came into being on June 25, 1938. From the passage of this act, new opportunities emerged for workshops for the blind. For the first time, tangible markets based on cost of production became a reality.

Essentially, the act provided for purchase by departments of the Federal Government of items which could be manufactured by non-profit agencies for the blind incorporated under the laws of the several States, provided that such articles could not be supplied by the industrial department of the Federal penitentiaries. The basic authority for the administration of the act is vested in the committee which is structured by law in the following manner: "A private citizen conversant with the problems incident to the employment of the blind and a representative of each of the following Government Departments: The Navy Department, the War Department, the Treasury Department, the Department of Agriculture, the Department of Commerce, and the Department of Interior." Members of this committee are appointed by the President and serve without compensation. In addition to the committee members, conferees designated by the Depts. of H.E.W. and Labor and the Federal Prison Industries, Inc., participate in committee meetings. The committee is empowered to regulate and price the products for Government purchase. Authorization was also given under the act to empower the committee to make such rules and regulations as necessary to carry out the intent and purpose of the Wagner–O'Day Act, including the creation of a non-profit agency to facilitate the distribution of orders among the agencies for the blind and other relevant procedures necessary to carry out the purposes of the act.

Very soon after the bill was signed into law, representatives from 20 agencies around the country met at the American Foundation for the Blind to discuss implementation and administration of the new act. From this initial group, a geographically representative advisory committee was formed to make recommendations for fulfilling the legislative provisions of the act. After several meetings of the committee, it was decided that a new non-profit agency should be created to devote its complete attention to the administration of the Wagner–O'Day Act. This resulted in the creation of the non-profit organization incorporated August 10, 1938, under the name of National Industries for the Blind.

82 Articles Now on Government List

The production of Government items presented new problems to public and private workshops for the blind which they had not experienced before. The items for manufacture were more complicated, requiring greater capital outlay for raw materials, and the Government specifications dictated precise requirements which made quality control mandatory. These new lines of production made necessary the training and retraining of production workers to meet the new demands. New work skills were to be developed which would eventually provide work opportunities for a greater number of blind persons. The original list of items for Government purchase was small; e.g., corn brooms, cotton mops. They were limited but appropriate products since they were already being manufactured in many of the workshops.

Year by year items were added to the list until today we have 82 different articles on the list of blind-made products for Government purchase. With the program in operation less than two years, the sale of blind-made products increased from zero to two million dollars. The wages paid to the blind workers in 1940 were in excess of $900,000. In a short period of time, 44 participating agencies for the blind located in 26 States were in the production of goods for the Government. Purchases have fluctuated over the years, according to the needs of the Armed Forces, and have at times been as perplexing as helpful to the workshop administrators. After a few years of operation, the problem of regulating the peaks and valleys of supply and demand was apparent.

From its humble beginning, National Industries for the Blind has been instrumental in assisting workshops in diversifying their product lines. It has pioneered new outlets for merchandising. Last year sales by the 78 NIB associated shops reached $54 million, with total wages paid to blind employees in excess of $8.75 million. This phenomenal growth is a product of 29 years of sustained effort to diversify and upgrade the level of practice of workshops for the blind. NIB affiliated shops account for approximately 75 percent of the number and 90 percent of the production capacity of workshops for the blind. From these figures you can readily see that considerable progress has been made in the production area. However, without debasing these accomplishments it is only fair to state that production alone is an inadequate measurement of the value of workshops for the blind in the rehabilitation movement.

Workshops are providing many and varied services necessary in the rehabilitation effort. Inherent procedures in training and production standards were a by-product of the prime manufacturing endeavor. Progressive workshop administrators saw the possibility for training for outside employment in the new more sophisticated workshop. Piece rates of workers were studied and set for shop employees. In setting these rates, workshop personnel began to study like industries in their communities employing nonhandicapped workers. This exposure led to the adoption of training techniques and norms for production which would prepare the handicapped worker for outside placement. Thus, the rehabilitation concept was beginning to be incorporated in the workshop movement, and as a result, rehabilitation programs for the blind began to utilize these avenues of service.

Today's Workshop for the Blind

It is very difficult to classify today's workshop for the blind because we have almost as many types of workshops as we have workshop administrators. What is today's definition of a workshop for the blind? There are many definitions, but for the purpose of this article the writer chooses the widely accepted description found in the Regulations of the Rehabilitation Services Administration which states:

> "Workshop means a place where any manufacture or handiwork is carried on, and which is operated for the primary purpose of providing gainful employment to the severely handicapped (1) as an interim step in the rehabilitation process for those who cannot be readily absorbed in the competitive labor market; or (2) during such time as employment opportunities for them in the competitive labor market do not exist."

There are workshops for the blind today that closely conform to this entire definition, while others have as their primary purpose terminal employment. Since 1954, with the passage of Public Law 565, the workshop movement has taken on new growth and development in terms of number of workshops and services offered the clients. The provisions of these amendments greatly influenced the amount of Federal assistance available to State and private non-profit workshops. Prior to this period, the financial basic support for workshops for the blind was primarily from State and community funds. During the 11 ensuing years workshops continued to grow and expand in an orderly manner.

Impact of the 1965 Amendments

On November 8, 1965, Public Law 89-333 was enacted. These amendments to the Vocational Rehabilitation Act greatly expanded the variety and amount of Federal assistance available to rehabilitation facilities and workshops. We are just beginning to feel the impact of the provisions of the 1965 amendments which were designed to increase the availability and to improve the quality of services rendered by workshops for the blind. Provisions of this Act made available for the first time 100 percent Federal funds to assist each State in defraying the cost for long-range planning for the development and expansion of both public and private workshop and rehabilitation facilities. After completion of the initial plan each of the States will continue to evaluate, plan and coordinate efforts within the State relative to the productive use and expansion of workshops. Significant provisions of the Vocational Rehabilitation Act and amendments pursuant to the workshop movement are summarized below:

(a) Under Section 2 Federal financial participation is available for the establishment of workshops by public and other non-profit agencies. Under the provisions of this section, Federal matching is available at the rate of 75 percent Federal in the expansion, alteration and remodeling of existing facilities and equipment.

(b) Under Section 3 Federal financial matching is available over a three-year period to assist State vocational rehabilitation agencies in the innovation of new methods and techniques within workshops. Under this provision, expenditures may be incurred with Federal matching for expansion, alteration, remodeling and equipping workshop facilities.

(c) Under Section 4 Federal assistance is available to State vocational rehabilitation agencies and other public or private non-profit agencies for the purpose of increasing the number of clients vocationally rehabilitated through the services of the workshop. Under the provisions of this section, money is available for staffing and equipment.

(d) Under Section 12 Federal assistance is available for planning grants for workshops, project development, and new workshop construction and salaries for the initial professional and technical staff.

(e) Section 13 of the Act as amended further provides:

  (1) Section 13 (a) (1) provides grants to State agencies and other public or non-profit agencies in defraying the costs of training services projects in facilities or workshops which will prepare the client for gainful employment. This includes training allowances for clients up to two years.

  (2) Under Section 13 (b) (1) of the Act there is provision for workshop improvement grants for the purpose of assisting existing workshops in improving professional services, business management services, and all other aspects of their operation. Federal financial participation is available under this authority for staff, equipment and consultants.

  (3) Section 13 (c) (1) provides for technical and consultative assistance to public and other non-profit workshops.

  (4) Section 13 (d) (1) established in the Dept. of H.E.W. a 12-member National Policy and Performance Council for the purpose of providing advice in the development of policies and criteria to be used in making grants for training services and to make general recommendations concerning workshop improvement.

Workshops for the Blind in the 1970's

The impact of the above amendments will be tremendous in the workshop movement in the 1970's. In order to best utilize the financial support that will be available, workshops must re-examine their goals and purposes. The workshop movement is truly at the crossroad. There is no doubt in the writer's mind that many workshop administrators, both private and public, will re-think their philosophies and concepts regarding the workshop's place in assisting in the development of the maximum potential of the blind client who will come to them for service in the 1970's. In this re-thinking process, workshop leaders must address themselves to the question of the relative merits of a special workshop for the blind. This topic for some inexplicable reason is fraught with emotion both from the standpoint of opponents as well as proponents. To the writer, the rationale for a special workshop for the blind is rather simple and can be supported by a few pertinent facts. Before outlining the viewpoints which seem to provide the foundation for this premise, at least two erroneous impressions must be clarified.

One is that it would be necessarily bad for a blind worker to be employed in a community workshop serving other disability groups. In many of the rural areas of our country, workshops will play a significant role in providing employment to disabled individuals. In certain instances the workshops may be the only employment outlet. Scarcity of population will make it impossible for the facility to specialize in a disability group or to choose the type of production in which they will engage. Regardless of the client's disability or ability, this choice will be narrowed between employment in the shop or engaging in a private business venture. In the rural community as herein described, there seems little reason why a blind person could not successfully compete in the shop and profit from the experience. In fact, if the workshop movement gains momentum in the proportions that we believe it will, there will be many instances where it is most expedient to develop a small community workshop for all disabled persons in the area.

Working In A Segregated Environment

On the other hand, we hear strenuous arguments against the specialized workshop for the blind because it is believed that the special workshop denies the blind person the experience that is gained through integration. The proponents of the multi-disability shop argue that a blind person should not be segregated with others of similar disability. They firmly believe that integration with other disability groups develops a healthier mental attitude. This appears to be fallacious reasoning. The writer has always been committed to the philosophy of integration. However, my definition of "integration" means the ultimate absorption of the disabled person into the non-disabled community. The need for workshops as an interim step must be obvious to all concerned, but we must not lose sight of the fact that this is an interim step and should only be accepted on a permanent basis as a last resort. A situation where an individual who is blind, orthopedically disabled, or mentally retarded and works in a special disability shop or in a facility providing employment for a number of disability groups does not demonstrate integration. The fact that the disabled person is employed in a special workshop of any kind is ample indication that he is working in a segregated environment. Integration with all of its implications of equality can only be attained when the disabled person becomes truly competitive in an environment designed for non-disabled workers.

In discussing the case in favor of a specialized facility, there are a number of points that should be taken into consideration. For the purpose of this article, three points appear pertinent to the issue and must be resolved before a decision can be rendered. All these points are based on the premise that we are talking about population centers where there are numbers of blind persons to be served.

Our prime consideration must be, of course, the blind client. Our job as professional workers in the field of rehabilitation is not to provide a modicum of service but to help the blind person achieve his maximum potential. If we view the workshop picture objectively, certainly we must recognize the very creditable accomplishments of workshops for the blind over the past several decades. Reference to NIB's annual report for fiscal 1967 has been made earlier in this article concerning its gross volume of business amounting to $54 million, but what's more important, wages to workers in excess of $8.75 million. While 50 percent of this amount has accrued as a direct result of Government business obtained under the provisions of the Wagner–O'Day Act, the remainder results from business which was developed in the open competitive market. The average hourly income is in keeping with our minimum wage law. In many shops blind persons are earning wages comparable to those paid in the larger industries of the country.

This record becomes even more significant when we realize that a substantial number of blind workers have additional major disabling conditions. There are several factors which contribute to this very encouraging picture. The most significant, however, is the ability to concentrate on procurement of work that is particularly suitable to a special disability group—in this instance, blind workers. Skilled procurement officers are employed and strenuous efforts are made to obtain work that can be performed without sight or production that can be so re-engineered as to make it feasible for blind persons.

Certain Special Techniques Required

Stating that most production jobs today involving prime manufacturing or sub-contract work require sight is a fact that few people could refute. With this in mind, one must logically conclude that unless a person with special training is employed by the multi-disability workshop for contract procurement, much of the work he secures may not be feasible for the blind worker. If special emphasis is placed on finding employment that can be performed without sight, the work potential of the other disabled workers may be neglected. The writer does not mean to intimate that the blind worker in the multi-disability workshop would be deliberately ignored, but from a practical standpoint it would not be sound business for a procurement officer to spend an inordinate amount of his time seeking out those contracts which would be most practical for a minority of the workers. If you accept this simple business premise and also subscribe to the philosophy of maximum employment opportunities for disabled workers, then it is reasonable to accept the philosophy of specialization where this is practical.

The second point of significance deals with the modern evolution of workshops. Most shops today are beginning to accept the responsibility for providing work evaluation preparatory to placement in industry rather than terminal employment. Training of blind workers requires certain special techniques that are not appropriate for other disability groups. Inculcating safety patterns in machine operations, for example, necessitates a one-to-one relationship between trainer and blind trainee. With sighted clients, such instruction can be given in a group situation. Mobility instruction plays a vital role in the future success of the blind worker. This training calls for the use of a specialist whose knowledge and skills are of no value to any other disability group. Special training in the use of optical aids is another vital part of training needed by blind workers with residual vision.

Final placement in outside industry requires a different approach than is necessary for other disability groups. It appears from the standpoint of economics alone that it would be more expedient to provide this work evaluation in a special workshop setting where the specially trained professional instructors could be employed full time rather than have a small group of blind persons receive training in a multi-disability workshop where the specialist would be employed part time. If a non-specialized shop has enough blind clientele to keep special personnel working full time, this would obviously be a special facility for the blind operated within the framework of an integrated facility.

The third and most important point in favor of the special workshop for the blind is that the strength and wealth of our nation has stemmed from freedom of choice. It is our job to provide a variety of opportunities for the disabled citizens of our country. In the segment of employment which concerns itself with the operation of workshops, the prime responsibility is to provide the best facilities possible. The choice of facility, however, must be left to the individual. We should never develop the attitude that we are in the best position to choose what is right for the client. The rehabilitation personnel has the responsibility to make the available opportunities known to the client and to permit him the dignity of making his choice. Specialized workshops for the blind have achieved an enviable record in this field and will no doubt continue to progress. As long as they demonstrate this ability, there always will be a demand for their services. If a blind person wishes to receive training or employment in a multi-disability environment, there is no reason why his wishes cannot be accommodated and the writer is convinced that workshops for the blind would be the first to agree with this principle.

The foregoing arguments are not meant to question the usefulness of the multi-disability workshop, but to point up why there is a need for special workshops for the blind and the unique role which they must play in the future of rehabilitation.

A Feeling of Optimism for the Future

Thus far, this paper has dealt with the past and the present of the workshop movement. It is always a temptation for a writer to leave the road of cold hard facts, and at this point, take a flight into fantasy. Suffice it to say that the present innovations taking place in workshops for the blind around the country incorporating evaluation and training, research and product design should have a profound effect on these workshops during the coming decade and will make a significant impact on the number of blind persons who have additional handicapping conditions finding satisfactory and remunerative employment.

The feeling of optimism on the part of the writer is not based on his ability to make use of a crystal ball. Discussions with workshop managers, administrative personnel of National Industries for the Blind, and Government officials responsible for purchasing items under the Wagner–O'Day Act for Federal agencies present a very optimistic viewpoint. The composite picture constructed from the responses to the question of what will happen in the next 10 years may be summed up in the following manner: Manufacturing for the Federal government by workshops for the blind will be tripled, bringing the gross volume of production to nearly $100,000,000. Similar giant steps can be taken in manufacturing and marketing for the public. In order to meet what currently may seem a staggering demand, the number of blind persons now employed must be vastly increased. With the application of good rehabilitation techniques and imaginative approaches to job training, the majority of new production workers in the shops obviously must come from the pool of multi-handicapped blind persons on the rolls of State agencies. These clients will be trained to make them competitive. These are the same individuals who probably would have been passed over as "infeasible" five years ago.

Whether the foregoing predictions, made by the persons who have the greatest stake in the workshop movement prove correct will be somewhat dependent on the healthy growth in other aspects of our national economy. The writer believes, however, that the bright picture of the next decade may not be overdrawn. On the other hand, if shops for the blind were to accomplish only one-half of the prodigious task set for them, they would truly be fulfilling their part of the American dream of equal opportunity and would be entitled to important recognition in pointing the way for rehabilitation's wave of the future.

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FAITHFUL PEOPLE: THE AMBROSE M. SHOTWELL AWARDEES, 1939-1967

By C. Warren Bledsoe

To me has fallen the rather uncommon experience of remembering workers for the blind over the course of more than half a century while having lived only a few more than 50 years myself.

It happened that my cast of mind gave me an inclination to be an interested spectator of the doings of my elders at an unusually early age. And I lived in a house which was frequented by men and women who had come to see the first all-cottage-family plan school for the blind in the world, the brain child of my father, who was a great believer in persuading his colleagues to his point of view by hospitality. Thus I sat at the table early in life with people of great worth to the world, many of whose names occur in that procession formed by winners of the Ambrose M. Shotwell Award of the American Association of Workers for the Blind.

The recent shock of reading a statement that work for the blind is "dirty work" which does not attract "top people" caused me to take a backward glance at this list of actual people, whose lives have prompted their colleagues to single them out to bless (and be blessed by) a fountain of honor. Living or dead, most of them are not the kind of people to pass unnoticed; doubtless one of the reasons why they have been noticed.

The achievements (and graces) which they gave the world are a moral, inherited capital which is an honorable kind of vested interest. And this vested interest must be exploited by reinvesting it in the minds of those who are currently active.

One thing these men and women all shared in common: the idea that certain kinds of "dirty work" were in actual fact the cleanest work in the world. There is not a name on the Shotwell list which does not suggest an understanding of this. Here they are from 1939, when the award was established, to the present: H.R. Latimer, 1939; Charles W. Holmes, 1939, (two awards that year) M.C. Migel, 1941; Cobrun L. Broun, 1943; Dr. Edward E. Allen, 1945; Florence L. Birchard, 1947; Dr. Newell L. Perry, 1948 (beginning of annual meeting, and annual presentation of the medal); Joseph Clunk, 1949; Mrs. Winifred Hathaway, 1950; Mary Dranga Campbell, 1950; (two awards that year) Helen Keller, 1951; Col. E.A. Baker, 1952; L.L. Watts, 1953; Stetson K. Ryan, 1954; Peter J. Salmon, 1955; Maurice I. Tynan, 1956; J. Robert Atkinson, 1957; Francis B. Ierardi, 1958; Mrs. Lee S. Johnston, 1959; Philip M. Harrison, 1960; Francis J. Cummings, 1961; Lon E. Alsop, 1961; (two awards that year) Mary E. Switzer, 1962; Judge Sam M. Cathey, 1963; George E. Keane, 1964; Dr. Berthold Lowenfeld, 1965; Henry A. Wood, 1966; Jansen Noyes, 1967.

Before looking a little more closely at the careers of these worthies, something should be said of Ambrose M. Shotwell's own passage through the world. He was born in 1853, when pioneers of American work for the blind were not only still alive, but in their hey-day. (Howe continued active until his death in 1876, and never relinquished his influence.)

Shotwell lived until 1930 when a few people still active in work for the blind had begun their careers in the field. His achievements compress into one lifetime much of the classic drama of work for the blind in the time in which he lived, particularly a moral battle over the question of whether to be a blind worker in the field of work for the blind, or to make a demonstration of being able to break free and live apart from it. Perhaps he may never have been sure himself whether it was his own need, or the needs of others, which ultimately submerged him completely in work for the blind. But in naming their highest honor for him his colleagues appear to have found a balance on the side of his interest in others. It is characteristic of their ways that they should have chosen Shotwell from his generation to honor posthumously. He was unostentatious, and while workers for the blind on occasion ride the band wagon of the ostentatious, persons with a flare for show are as a rule denied prime honors inside the field, with a few exceptions when ostentation has amounted to genius. But the diligent, exact, long-term, indefatigable diplomat of the field gets top ranking sometime before he dies. Such a diplomat was Ambrose Shotwell. It was with him as a guide that the American Association of Workers for the Blind found its way into American life.

Rebellious Spirit Provided Energy

Beginning under the name of the American Blind People's Higher Improvement Association, it was essentially an aggrieved organization, offended over the difficulties encountered by intelligent blind people trying to get college education. Its membership, far ahead of their time, attempted in 1902 to secure an act of Congress supporting a national scholarship plan for blind students. They were known as radicals. This was contemporary with approximately the third generation of educators of the blind in the United States, when a few old pioneers were still alive. It was a time when institutions had reached an age at which they had a catalog of limitations occasioned by blindness and were beyond the age of innocence when people do things because they do not know they cannot be done. It was inevitable that this would result in a client rebellion of some kind, and the rebellious spirit is what gave the American Association of Workers for the Blind the energy with which to get underway. A most important character in a drama of this kind is the individual with a certain amount of organizing ability, combined with absolute sincerity and dedication, who takes up the cause and shapes it into something which the public at large can understand and back. For the AAWB this was Ambrose M. Shotwell.

Born with little sight (in 1853) Shotwell had been through the regular processes of education of the blind available in Michigan at the time, escaped from spending his life as a broom-maker by a narrow margin, finally became a teacher through a normal college education which he managed to wrest from the obtuse around him, led a movement for the establishment of the Michigan School for the Blind apart from the school for the deaf, found himself excluded from the newly established institution, spent 10 years away from work for the blind, finally returning to the field with a renewed vigor, which never abated. One of his missions was selling the idea of the American Association of Workers for the Blind to those who might benefit from it.

The difficulties of this task are revealed in the words of Randolph Latimer who was the first winner of the Shotwell Award: "Two blind men, Anthony J. Nolan, of Chicago, Illinois, and Librarian Ambrose M. Shotwell, of Saginaw, Michigan, visited Baltimore in the late nineties on behalf of this movement. Conservative by nature, skeptical of 'all-blind' organizations, and knowing little then of the conquest of blindness beyond my immediate academic field, I made poor response to their earnest appeals. In 1909, however, while Mr. Edward J. Nolan was President of the AAWB, a warm friendship began between these estimable gentlemen and myself. Associated with these two scholarly progressives in the final organization which resulted in the establishment of the American Association of Workers for the Blind, were other prominent men and women, both blind and sighted, too numerous to name."

Shotwell, like most of the other members of the Association in his day, was a hewer and hawler, fetcher and carrier. For many years he was a braille stereotyper at the Michigan School for the Blind and as one of his former pupils said, an incomparable plate-maker and proof-reader. He not only lobbied for an employment institution for the adult blind of Michigan; he was its librarian for many years. But all the while he was constant in the business of making of the AAWB an effective informing, encouraging, warning mechanism for blind people: on the subject of uniform type,—(he was a member of the committee working toward this goal through its various name changes)—on the subject of promoting higher education (he all but got such a program from Congress in 1902)—finally on the subject of "outdoor relief" for the needy blind, which got him the name of being a radical.

The AAWB medal which was named for him nine years after his death was in a sense a commemoration of the noble and heart-breaking practice of living and thinking ahead of your time.

HENRY RANDOLPH LATIMER—CHARLES W. HOLMES

The first two recipients of the award, Henry Randolph Latimer and Charles W. Holmes, were not so spectacular as Shotwell in this respect, as they would have been the first to admit. Nevertheless, considering the base lines from which they both started, they might both deserve more points. Latimer seemed to have regular bouts not with the 19th or 18th centuries, but with the 17th. He was from an aristocratic family in rural Maryland, where he lost his sight very early, but for which it is doubtful whether he would ever have broken the pattern of family tradition. An episode in his life forms a picturesque connection with the past, giving a sense of change as only a dramatic flashback to another era can. He was one of the last American visitors to talk with, and have the blessing of Sir Francis and Lady Sophia Campbell under the rather dramatic storm clouds which hung over the world, and especially Europe, in the summer of 1914. In late June of that year, simultaneous with the Archduke Franz Ferdinand's visit to Serbia, the last pre-war International Congress of Workers for the Blind was held in London within the aura of glamor which old Sir Francis was always able to cast about himself straight up to his death. He died within two days of the assassination of the archduke, which fractured the Anglo-German royal hierarchy so brilliantly manipulated by Campbell for the welfare of the blind.

Latimer gave a most moving account of his interview with Sir Francis, the "old warrior" and Alps climber, fighting off the chill of death with mittens, a rug and a fire on a fine day. He was warmed, however, by Latimer's talk of modernizing the Maryland School for the Blind. This had been an institution in the classic pattern of work for the blind when Latimer was a student there.

The pattern was one of academic paternalism which the strong personality of Dr. Howe had impressed so firmly upon American customs with regard to blind people that many young people found it morally suffocating. The first and most prominent individual to suffer was Sir Francis himself, who finally managed to make a wholesome break from

Dr. Howe, and who, despite his own strong tendency to be an autocrat, bent his genius successfully toward making his students independent in thought and action. More than any other worker for the blind of his generation, Latimer shared this awareness of the difficulties encountered when dealing with strong, wise, kind paternal people who were also schoolmasters, accustomed to being obeyed, and who could function as virtual maelstroms of encouragement to dependency. It was undoubtedly this which took Latimer out of school work after 30 years and caused him to bend all his efforts to building agencies designed to keep blind adults adults, and turn young blind people into truly mature human beings.

While a teacher at the Maryland School for the Blind he reached over into the adult field when he caused the Maryland Association of Workers for the Blind to undertake an effort to supply rehabilitation and employment for the blind adults of the community.

In 1921 he left Maryland to become executive secretary of the state-wide Pennsylvania Association for the Blind, and superintendent of its Pittsburgh workshop. During the ensuing 20 years he played a leading role in the formation of the State Council for the Blind and was on the board of the Western Pennsylvania School for the Blind.

THE OUTLOOK FOR THE BLIND had widely propagandized the question "After Graduation—what?" and Latimer spent the last 20 years of his career in efforts to answer it. Once he said words to the effect that he had been a schoolmaster too long to be wholly successful in adopting the right attitudes to counsel adults himself, but no one of his time was more aware of the fact that a personality can be crippled by even the kindest authority which does not know how to let go. Latimer's book, the "Conquest of Blindness," contains much interesting lore of the field and reveals a most extraordinary example of a mind for many years both nourished and trapped by the scholasticism of an early residential school for the blind.

Writing of him, Helen Keller said, "He believed that genuinely complete human beings are a product of constant thought and conscious self-direction, not of sight and the too automatic habits which accompany it, and that was the cardinal principle of his work."

When he received the Shotwell Medal in 1939, his citation included the lines:

"... how well in thee appears
the constant service of the antique world ..."

Latimer requested that the name of Mr. Charles Holmes, who also received the medal that year, be put before his in the proceedings, but this request was ignored, and he, therefore, appears as the first winner of the medal, though receiving it the same year as Mr. Holmes.

Charles W. Holmes shared with Latimer the honor of receiving the Shotwell Medal the year of its inauguration and with Latimer set the standard of the medal.

Holmes, a Canadian by birth, was blinded at the age of 10. He came to America to be educated at the Perkins School in the era of Michael Anagnos, in many ways an exotic period in the history of that institution, which occupied a huge old yellow brick resort hotel on the shore in South Boston. Anagnos, presiding over it, often was seen wearing a red fez and slippers turned up at the toes. He was Howe's Greek son-in-law, had in a sense inherited his position, but justified himself in the eyes of Boston by becoming the greatest money collector the city had ever seen. He said his epitaph should be, "And so the beggar died."

Neither Anagnos nor the institution in his day apparently had many neutral relationships. Anne Sullivan Macy, for one, reacted violently against its correct and somewhat prim lady teachers, once saying she had learned more important things from the Tewksbury almshouse women. But the school, in actual fact, had reached a high state of efficiency, especially in the music department, having been thoroughly stirred up and fertilized by the stormy genius in the 1860s of Francis Campbell, who then went beyond the seas to promote his revolution in foreign lands and left Perkins to consolidate its gains and make the most of his innovations.

In the 1880s it had become an orderly place where a classicist could cultivate his powers very fully, and this was the kind of person Holmes was, apparently absorbing everything the school had to give. Entering shortly after he was 10, he graduated at the age of 16. He studied violin, organ, piano, in which he took post-graduate work both in Boston and Berlin. This enabled him to become a member of the music faculty at the Stanstead Wesleyan College in Quebec, where he taught with great success for 11 years. Thus he had proved himself in the outer world when he was drawn into work for the blind by the newly-constituted Massachusetts Commission for the Blind in 1906. His job was described as "Superintendent of Employment for Men," and he was enlisted in one of the first organized attempts to place blind people through what was termed "an experiment station." It fell to him to weather some of the most heart-breaking years of this lone struggle, but the classic and orderly spirit which had enabled him to get the most from his education made him a steadying influence, both nationally and internationally, when educators of the blind were often a little hysterical over the question, "After graduation–what?"

Holmes was chairman of the First Uniform Type Commission which adopted as a uniform type in this country Revised Braille Grand One and a Half, which made it possible later to adopt the present braille system. From 1915 to 1919 he was President of the American Association of Workers for the Blind. His most important achievement, however, began in 1918 when he was accepted as the director of the Canadian National Institute for the Blind. Col. Edwin Baker, who was to be the director of this agency when it came to fruition, fortunately made the presentation of the Shotwell Medal to Holmes, and vividly recalled that Holmes had put him and the agency on their way. This Canadian program, it should be remembered, was the "culture" which preserved and developed modern concepts of employment of the blind during the 1920s.

Following his five years in Canada, Holmes did what nearly every blind leader of the blind dreams of doing after having accomplished something for people with his handicap. He returned to the "outside world," once more becoming a teacher of music in the United States as manager and director of the South Shore School of Music.

In replying to the news that he had received the Shotwell Award, he wrote a moving and sincere reply which unconsciously revealed the traits which blind people and workers for the blind are most likely to honor:

> "I was never more astounded than when I received your advance notice of this award sent by wire while you were still in convention.
>
> "That the result of my efforts should have seemed to my fellow workers still in harness, and to newcomers in the field who have taken time to glance back over

the trail to see whence it came, worthy of such recognition never occurred to me."

Holmes knew he had passed muster with a stern, even at times, a cantankerous generation of critics. Latimer and he made a pair of old champions who got the medal off to a good start.

M. C. MIGEL

Since in those days A. A. W. B. Conventions were bi-annual, the next award was in 1941, and it went to M. C. Migel. In work for the blind he was a philanthropist with no peer, except that peer of Britain, the First Duke of Westminister. Like the Duke, Migel seemed to regard personal courtesies to blind people as far more important than his gifts of money–gifts of money which, it should be added, no one has ever equaled in the current coin of the day or in the timeliness with which they were made. Both the Duke and Migel were excellent guides and table companions of blind people, men whose humility was not obtrusive, but pervaded everything they did. There is no way of estimating how much either spent on blind people, so often does new evidence of their generosity appear. If blindness and poverty are acid tests of character, so also is extreme wealth, and there is no doubt at all that the Shotwell Medal went to M. C. Migel for what the blind people of America had found him to be as a man. For better or worse it is easy to forget benefits conferred, but a habit of personal respect and actual fondness for the human race is another thing. It is memorable, as well as disarming. Such a habit can be traced all through M. C. Migel's mature years till he died at 91.

Those two rare and astute workers for the blind, Miss Helga Lende and Miss Grace Harper, combined to write tributes to Migel for the Outlook for the Blind after he died. Miss Grace Harper had served with him in France during World War I when the United States had an overseas program for blind servicemen. Later generations are astonished to read that Migel was at that time the first Commissioner of the Blind in New York, and the organizer who preceded Miss Harper. She dwells on his exceptional practicality in matters of business and her realization that she must meet his exacting standards in this area to win his approval. This has an amusing twist for anyone who remembers that Miss Harper's exceptional good looks made most people forget all about business. She recalled that once Migel told her, "I'll have all the patience in the world with the blind, but we can't dawdle at meetings." This was on the occasion of her telling him that a certain blind individual was afraid of him. But, thereafter, she added, Migel's deference to the particular individual was "little short of lovable."

She managed to put into her article mention of a number of bills Migel footed surreptitiously. These included all of the expenses of the first uniform type committee, including going abroad for discussions in 1914, and, inasmuch as this failed to produce the desired result, paying for the world conference of 1931, out of which came an accepted international braille system. More unusual to modern thinking was his paying salaries for a professional staff of the newly-constituted N.Y. Commission for eight months while the state was finding the means to pay them.

In World War I, he took a group of trained nurses to France to work with the war blinded, one of his many contributions to the war effort.

Such was the character which made itself a kind of fortress for the infant American Foundation for the Blind, described by Helga Lende, as follows:

"Few have known the many details of Mr. Migel's leadership at the American Foundation for the Blind and the extent of his munificent deeds for blind people. For the first three years, he underwrote the support of the infant agency. In 1935, he donated the building at 15 West 16th street. Beyond that, he quietly supported many outstanding projects such as the World Conference of Work for the Blind in 1931, which brought representatives from 37 countries from all parts of the world to discuss affairs of mutual interest.

"Of equally great significance, perhaps, was his active cooperation in the Foundation's efforts to secure better federal and state legislation. Throughout the years of his presidency, he always was willing to approach his many friends in Washington in behalf of blind people and to use his influence where it was needed. Thus, he was instrumental in the passage of legislation concerning transportation (one–fare concessions, 1927); library services for blind persons (1931 with later amendments); Title X of the Social Security Act (1935 with later amendments); stand concessions for blind persons (1936); purchase of blind-made products by Federal agencies (1938); and the Barden–Lafollette amendments to the Vocational Rehabilitation Act.

COLBRUN L. BROUN

Colbrun L. Broun, who received the Shotwell Medal in 1943, affords an interesting contrast with earlier awardees. He was not chosen for a long and varied career in the field of work for the blind; indeed he had come into it fairly late and had attacked only one problem: placement. But so eager was the field for results in this area that Broun's intensive work and success excited great interest. He was a protege of Miss Harper's, a salesman, who lost his sight in 1924. She employed him as a placement consultant for the New York Commission for the Blind.

We know how far we have come when we note one of his major accomplishments was persuading the New York State Civil Service Commission to extend the privileges of Civil Service to blind dictaphone operators. He had also opened up 100 vending stands in New York by 1942, when he retired. In this area he was one of the many individuals who assisted in bringing about the passage of the Randolph-Sheppard Act.

Unlike the earlier winners of the Shotwell Award, his contribution can be succinctly described. It was definite and clearcut. It made a striking example of the need to pick out a specific problem of blind people and solve it. It suggested and foretold the need for specialization in dealing with blindness, because blindness is so pervasive in a human life that the temptation to ride out against the enemy in all directions is most intense. Broun was given the medal because he had really accomplished something in answering the question, "After graduation–what?" His career marked a new era in work for the blind in which part of the field was concerned almost entirely with adults, undominated by educators. The A.A.W.B. had labored long to bring this about.

EDWARD ELLIS ALLEN

Dr. Edward Ellis Allen, was the 1945 recipient of the Shotwell Award, receiving it at a special ceremony occasioned by the cancellation of the regular convention of the A.A.W.B. because of war-time restrictions.

The choice of Dr. Allen, Director-Emeritus of Perkins, was an indication that the A.A.W.B. had begun to overcome the nervousness, sometimes bordering on hysteria, with regard to that paternal spectre, the director or superintendent of a residential school for the blind. Dr. Allen, it is true, was a very special example of his kind. All his training had been in the field of work for the blind. Indeed he had begun his career under Sir Francis

Campbell in England. He was not an interloper from work for the deaf, as so many heads of dual schools were thought to be. He thought about blindness and blind people all the time. He literally and figuratively opened doors for blind people wherever he could (if he thought it right and proper, as guided by a Puritan conscience). And yet in earlier decades nothing would have induced the A.A.W.B. to give him such a medal as the Shotwell Award. With a few other valiant heads of schools he can be found in certain old convention pictures, off to the side, looking as though an attack were just over, or was expected to begin at any moment.

By 1945, however, attitudes had changed so much that in presenting the medal, Dr. Allen was addressed in an oration which said with truth: "... educator of blind youth for some 50 years, pioneer in the unfolding of an enriched program for their education, learned beyond all others in the heritage of the past and yet ever forward-looking, life-long collector of books and equipment relating to blindness, advisor to educators from every land who came to Perkins seeking light, stimulator of research, teacher of teachers, wise counsellor in the field of adult education, prolific writer and author of innumerable articles, both popular and scientific, in this specialized field of education, inspired builder of two great modern school plants in which beauty of environment was united with an educational philosophy that sought to make them as little an institution as possible, understanding friend and advocate of the blind everywhere and tireless worker in every effort to ameliorate their condition, pioneer in the cause of prevention of needless blindness, founder, guide and friend of sightsaving classes in America, deep student of the problems of those who need special protection due to a second handicap, lifelong laborer in the effort to instill in the blind a belief in themselves and in the seeing and understanding and belief in the blind."

And it was all true.

The subject of this tribute replied in an informal speech, showing that, if the A.A.W.B. had relaxed, so had he.

For the most part he quipped, but he finished: "My dear friends, allow me, please, from my pedestal of four score and three years to say, 'God bless you everyone!"

So humbly and gracefully put, there could be little objection to such a blessing.

FLORENCE W. BIRCHARD

Miss Florence W. Birchard received the Shotwell Award in 1947, the first woman to be so honored. She was by then a kind of legend for her achievement in placing blind people in employment in the Boston area. One totally blind girl who was somewhat retarded was placed by her 12 times.

Like Cobrun Broun's, Miss Birchard's career was compact, and so completely invested in the lives of other people that it could only be elaborated in a series of case histories. A graduate of Boston University in 1899, she was first a volunteer aid in a home for crippled children.

During a vacation she encountered some blind boys who had been placed on a farm and who were bored with their idleness. With the help of a member of the Cabot family she attempted to interest the public in a cooperative farm for all the handicapped. Publicity in the Boston Transcript put her in touch with the newly-formed Massachusetts Commission for the Blind, for which agency she was asked to make a survey of factories to find jobs for the blind. Placement work from then on occupied most of the 50 years she worked with the handicapped.

Her rather arresting formula was, "Hang on long enough until the other persons like you."

She had a rock-like determination, which was redeemed by the most ingratiating "dearness," which in turn was spiced by an elfish quality. She would have passed Cardinal Cushing's rule that "all Saints must show some joy." There resulted a great following of her clients to whom she was the epitome of all that was wise and good. The year she received the Shotwell Award The Outlook for the Blind related:

> "Her Cape Cod cottage over the years was a summer haven for some who were distraught; or others who were bubbling over with the zest for living . . . One Perkins girl said, with a show of embarrassment, that her stay at Sagamore Cottage was the first time she had ever talked to a boy. Dr. Allen was just a bit doubtful about the experiment, 'commented Miss Birchard."

Her Shotwell citation was the most personal ever composed by representatives of the A.A.W.B., beginning, "Mindful of your intense liking for people, and of your bouyant faith in their goodness . . ."

Not a gusher herself, she was almost a carrier of whatever germ makes others affectionate to the point of embarrassment. She was therefore most grateful for the restraint and style of a blind boy who wrote her the cryptic tribute, "I hope you live all your life."

This she did until 1960.

NEWELL L. PERRY

Dr. Newell L. Perry received the award in 1948. This turned attention toward a type of leadership by a blind leader of the blind which was both more frankly political and politically expert than had been seen heretofore. It also brought to the fore what had been happening in the West for a number of decades without receiving much attention from the rather East-centered organizations of work for the blind. Perry's career had been launched by his own spirit and gumption from a low-point when he was 10-years-old, recently blinded, fatherless, homeless, and with 21 cents, he hitch-hiked his way to the California School for the Blind at Berkeley. Enrolled there, he began to agitate for a college education in the face of a discouraging attitude on the part of the school authorities. He went through the University of California and became a mathematician, instructor of mathematics with a teaching fellowship at his Alma Mater, subsequently got his Ph.D. at the University of Munich, summa cum laude, in 1901.

Meanwhile, he had organized the alumni of the California School for the Blind in behalf of the blind as a social action group with three distinct aims: to make higher education accessible to blind students, to secure legislative enactment of state aid to needy blind people, and to make jobs available for those able to work. He traveled much further than any other blind leader of the blind at the time, always able "to coach" his way teaching mathematics, for he had a rare gift with individual students. Thus he went to see how the blind were faring in Germany, Switzerland, Austria, Italy and France, finally returning to New York, where he established himself with a clientele of private pupils, studying mathematics at Columbia.

Everywhere he had found the living conditions of blind people far below the standard he believed was their due. And back in the United States he was astonished anew to discover in New York City, with its many institutions of higher learning, only one blind student. He took this cause to Charles Evans Hughes, then Governor-elect of New York, through whose influence he secured passage of a law appropriating money for readers to blind college students. This example was to open the way for similar laws in other states, and also for many other special provisions down through the years which have aided blind college students. Perry believed that if blind people's lot were to be improved it must be through their own efforts and organization and preached this idea all his life. In 1912, he went back to California, where he became head teacher in the California School for the Blind, and spent the next 36 years up to his retirement preparing blind boys and girls for college. His belief in the importance of putting his talents into his careful teaching of a few score human beings during these decades was expressed most eloquently when he accepted the Shotwell Medal.

He said, "The blind should be taught that life and adventure are one, and that only the bold and venturesome really live."

JOSEPH CLUNK

A living example of this dictum was the recipient of the Shotwell Medal for 1949, since it went to Joseph Clunk, another blind leader of the blind, whose spectacular talents as a demonstrator of the capabilities of blind people he had turned into a recognized technique of placement, making a career of it for himself and others. Clunk set a pattern of leadership based in part on blindness, which had been taking shape for a long time in the English-speaking world, and it was confirmed by Clunk's appointment as first chief of a service to the blind in a Federal program.

Colorful in the extreme, he had enormous success in the 1920s in assisting the Canadians to establish a program for the placement of blind people in industry. His story has been told by himself and others in the A.A.W.B. annual, BLINDNESS 1965.

Part of the significance of his receiving the Shotwell Award was the manner in which this drew attention to the new part taken by the Federal Government in work for the blind, and the creation of the role of "Chief of Services for the Blind", then in the Office of Education, now in the Rehabilitation Services Administration. He had for his team that extraordinary group of blind men of whom Maurice Tynan, Hiram Chappell and John MacAuley were especially memorable. They made the American Establishment in Washington aware of the place blind people might have in the work of the United States. With comparatively slight resources, they informed, encouraged and warned on an extended front in the 48 states.

For their pains they had what Clunk described as "the satisfaction that comes from participating in and being one of the cogs in the wheel of a program that produces incomes that sometimes are measured in five figures on an annual basis for blind persons who formerly were on public assistance . . . when I stroll into a firm in Montana, and a manufacturer surprises the State agency by calling and asking for some physically blind labor . . . that is the dividend, that is the return."

WINIFRED HATHAWAY–MARY DRANGA CAMPBELL

In 1950 two Shotwell Awards were made, both to women: Winifred Hathaway and Mary Dranga Campbell. The casual observer, seeing them together, might well have mistaken them for a pair of grand dames who had never been educated above finishing school. In fact, their academic training compared favorably with any males of their time.

Mrs. Hathaway, a graduate of Radcliffe College, had been head of the History Department of Hunter College before she turned her attention toward the prevention of blindness movement on which she spent 35 years of her life. Her work dated from 1916, while the fight against "babies' sore eyes" was not yet won, and she was the central figure of all that happened in the ensuing decades, including the development of "sight-saving classes", the number of which grew from a handful to 700 in the United States in her time.

The presentation of the Shotwell Award to Mrs. Hathaway was also an acknowledgment of an area of responsibility which she had brought home to the field of work for the blind. Her work had been special and discrete, a painstaking organization of one line of battle, done with the skill and aplomb of a generalissimo. She had a presence which both enchanted and overawed students. She feared no subject. Her ways were reflected by one young student of social work who observed in hushed tones, "She can say, 'Syphilis' as though it were something that is real nice." This would not have amused Mrs. Hathaway, who counted it a major blessing that she lived to see the grace of penicillin.

Mary Dranga Campbell, in contrast to Mrs. Hathaway, had experience in virtually every aspect of work for the blind. On the occasion when the Shotwell Award was presented to her she was termed "an ambassador at large." She was educated at Stanford University and at the Chicago School of Civics and Philanthrophy, the beginning of a 54-year career in social work during which she continued in the forefront of virtually every innovation, was an early editor of the Outlook for the Blind, a social worker before most of the field or the world had any clear notion of what the term meant, and an indefatigable site visitor for all sorts and conditions of programs for the blind, including Seeing Eye, Inc. She had been trained as a librarian and cataloger as well as a social worker, and she was thus involved with an incredibly large number of tidying jobs, the last of which was to sort the papers of her era which had accumulated at the American Foundation for the Blind. She had a habit of occasionally exercising her versatility by going out into the field of welfare work on a problem other than blindness and in the 1920s was director of the American-Serbian Welfare Association. Doors were open to her as the daughter-in-law of Sir Francis Campbell; she was the wife of his son, Charles. But she herself had an eternal capability, interest and drive which left behind her a most extraordinary list of accomplishments. A certain number of people in work for the blind were asked to call her "Aunt Mary" in her last years.

It was characteristic of Mary Dranga Campbell that one of these chosen people, presenting the Shotwell scroll to her, said, "In working with her, if you come to a disagreement, she may take your head off and hand it to you, and, if you deserve it, you are happy about it. If she has been wrong she will put it back on for you, perhaps better than she took it off." The special significance of her career was that she was a professional social worker, the first in the field, and that in her constant, but not erratic movement from program to program, and agency to agency, she carried with her demands for skill in performance of a caliber which could on occasion make the headwaiter at the Ritz-Carlton perspire. She never patronized blind people, or workers for the blind, by expecting little of them.

HELEN KELLER

The following year, 1951, the Shotwell Award went to Helen Keller. Of her so much has been written that little need be said further, except that perhaps of all the honors she received in her long life, this may well have been the one which was considered most carefully.

As a figure in public life outside work for the blind, she herself was aware that she had no critics more exacting than blind people and workers for the blind. And it was a special achievement of her extraordinary character and grace that as she accumulated more and more in the way of public recognition, the barriers between her and her fellow workers for the blind came down.

Her citation began "Life-long world ambassador and universal champion of the blind and deaf-blind, your understanding of whom has been wrought out of deep personal experience which adds authority to the loving appeal of your eloquent words."

EDWIN A. BAKER

The awardee who succeeded Helen Keller in 1952 was the second Canadian to be so honored. This was Col. Edwin A. Baker, a blind leader of the blind, who had lost his sight in World War II, and became the guiding spirit of the national program for the blind of Canada. Like Joseph Clunk, whose close friend he was, and with whom he worked in building his program, he has recently been described in a Blindness Annual, (1967). His death this year brought to an end the life of one of the superlatively trusted figures in work for the blind. His biographer made the rather curious complaint that it was difficult to write about a man with no enemies! His personality was a far more unusual mixture than this suggested, for he combined an ingratiating charm with a certain forbidding austerity.

A rare opportunity fell to him to organize one of the few truly national programs for the blind in the world, starting without a great burden of tradition. It was a remarkable achievement that he made it seem easy. Several monarchs of the British Commonwealth of Nations had themselves photographed with him, and, it was understood, would have made him a knight or a peer if he had not seen fit to avoid accolade and ermine with an authentic distaste for the spectacular. He was one of those rare individuals who commands all and more prestige than is needed to accomplish his aims without contrived advertising of any sort. He first encountered one of his future kings while a young newly-blinded soldier getting reconditioned in a swimming pool, where he heard someone whistling, and asked, "What's that chap so happy about?" "He's gotten the King's permission to go to the front," answered a voice. "It's the Prince of Wales."

LOUIS L. WATTS

In 1953 the Shotwell Award went for the first time to a legislator. This was Louis L. Watts, who, as a blind leader of the blind, was the architect of the Virginia Commission for the Blind. His life illustrates the now-familiar pattern of the individual who builds into the social structure of the culture surrounding him a mechanism to obviate difficulties which he has overcome with great difficulty. When Watts was blinded by a dynamite explosion as a young man in 1913, the only resource available to him was the state school for deaf and blind children. He very soon discovered what a large percentage of the blind population lost their sight as adults, and while working with and through the school for children at first, he set about securing a program for them, first through the existing industrial department at the school, later through the Virginia Association of Workers for the Blind which he organized with the help of Latimer in Maryland, and finally through a temporary commission in 1920, to study the problems of blindness. This was succeeded by a permanent commission in 1922.

The concurrent existence of the Virginia Commission for the Blind and the Virginia Association of Workers for the Blind were the resources out of which Watts built his program. This heavily emphasized a workshop program for which Watts painstakingly raised funds, which by the time he received the Shotwell Award was accountable for more than $2,000,000 worth of work for the blind. But Watts had also drawn together under his commission the Federal and State program of rehabilitation, Federal-State Aid to the Blind, industrial placement, and in fact a complete and cohesive state program. He had accomplished this by the most openly political action heretofore demonstrated by a blind leader of the blind. This was based on a sincere belief in political processes and by his skill in politics. He had himself made a member of the Virginia Assembly to improve the program for the blind in Virginia, and proceeded to do so with swiftness and directness, characterized by a realization that in order to muster help for the blind, he must involve himself with other matters of importance to the state. On various important committees, he took part in a reorganization of the state government. Characteristically, his most important contribution to the American Association of Workers for the Blind was to give it a written constitution. Like Britain for many years the Association had flourished without one. This was remedied by Watts in 1935.

Telling words of his acceptance of the Shotwell Medal were, "We have suffered too long in this country from frauds, beggars and racketeers posing as helpers of the blind. Let us put a stop to it, ladies and gentlemen. We have grown of age now . . ."

STETSON K. RYAN

In 1954, the Shotwell Award went to Stetson K. Ryan, who had just retired as head of the Connecticut Board of Education of the Blind, of which he had been in charge since 1918. Despite its title, it had, from its beginning, been a Commission for the Blind, in fact the oldest in the United States, since it had been established in 1893 by legislative enactment. Ryan, a sighted individual, had been a newspaper reporter and editor with the Hartford Courant. He grew interested in the work for the Hartford Charity Organization, which at the time was infused with the spirit of the new social work of the first decade of this century. This spirit Ryan introduced into the Connecticut program for the blind when he took it over. He was an extremely intelligent, hard-working individual who did all kinds of jobs not only in the state program for the blind but beyond on a national level and was secretary-general of the A.A.W.B. at one time. But his special emphasis was on personal services in work for the blind, and he was, for 18 years, secretary of the Eastern Conference of Home Teachers. He had an intimate knowledge of pot-holders, dish-towels and such other articles as were fashionable for blind people to make down through the years. He was a great believer, he said, in education, prevention, home industries, home teaching, talking books, and a dozen more items he named, but above all in "listening to the client".

When he received the medal, it was especially for this noble concept. He lived in a time when it was possible for services which had been lifted onto the platform of the professional, still to be personal. Of all his contemporaries he had the keenest awareness of the roles played by his colleagues in the A.A.W.B.; his acceptance of the medal showed a keen appreciation of the meaning of their way of life, the importance of an "examined life."

PETER J. SALMON

One of the most joyous presentations of the Shotwell Award was the occasion on which it was given to Peter J. Salmon at the Chateau Frontenac in 1955 (with a skirl of bagpipes). Few people can stand the strain of being everyone's favorite, the part which by then, had fallen to Salmon in the field of work for the blind. The recognition of his work in this award was not only well ladened with respect, but affection. The Industrial Home for the Blind of Brooklyn, which by then had become the most complete voluntary agency service program for the blind in America, was Salmon's own unique creation. Its practicality had left theorists by the wayside very frequently, and then sent an expedition back to give them a ride up to the times. Two outstanding service achievements stood out especially in everyone's mind: the first, a break-through in Salmon's program for the partially seeing in the form of a workable optical aids program, which brought ophthalmologist and optometrist together; the second was a program for deaf-blind adults. Salmon's organizing talents had undoubtedly accomplished all this. More than that, he had begun to show the way in which a private agency such as his could make use of Government resources without losing identity.

It was rather significant that Salmon was the first recipient of the medal who had partial sight but with enough limitation to have been educated at the Perkins School, yet enough sight to function in many situations as a sighted individual. The social anomalies which this involves are seldom appreciated and can be exasperating in the extreme. Undoubtedly some ordeals along this line had helped to fashion Salmon's talent for dealing with seemingly unreconcilable forces, a talent which was fortunate for everyone. For, as the century had gone along, work for the blind had become increasingly sophisticated and complicated. More problems had been identified; more people considered blind because of a visual handicap. What was needed was a gift for simplifying, and this Salmon had abundantly. Newly available through the 1954 amendments to the Vocational Rehabilitation Act was a national program of research in rehabilitation of the handicapped and the National Advisory Council had just come into existence. Salmon was the closest thing to everybody's choice to represent the interests of the blind in this program, and he was to use this opportunity to bring into focus the awe-inspiring problems of the deaf-blind. He united with Helen Keller to do something for deaf-blind people who were without her genius. He was the last of the notable allies of her active career, and one whom she perhaps prized the most because he was willing to take on the cause of people with troubles like hers, who, she knew, suffered from having the public expect them to perform as she did, when in fact they had not her talents.

MAURICE I. TYNAN

In 1956 Maurice I. Tynan received the award. He had recently retired as chief of services to the blind in what was then the Federal Security Administration where he had succeeded Joseph Clunk. Tynan was the third graduate of the Perkins School to receive the medal, having graduated in 1914. In the ensuing 42 years there was hardly a phase of work for the blind in which he had not been engaged, almost always at a time of peculiar discouragement and difficulty. He worked for, and was trained by Miss Birchard in the Massachusetts placement program for the blind, and with her struggled with the problem, "After graduation—what?"

Peter Salmon presented the medal to Tynan. They had been students together at the Perkins School. Salmon had had a close view of Tynan's career which had included experience as head teacher at the Maryland School for the Blind, a part in the new and growing Canadian program with Charles Holmes, in charge of the vocational training program of the War blinded of World War I, the development of a state rehabilitation program in Minnesota, and finally the first Federal rehabilitation program.

Salmon said, "It is difficult for many to realize what an uphill job it was back in 1919, and for many years thereafter . . . these were the formative years for many of the

Agencies for the blind that have since developed large progressive programs, but with each position that Maurice undertook, he advanced the cause of the blind and during these years we have had the greatest advance in work for the blind of any period in history.. Maurice has not only been identified with this important era but has left an outstanding record of good works . . . he weathered the slow and oft-times tedious and frustrating machinery of government."

His colleagues who had known him over the years thought that for this alone he deserved a medal. But his own modest pride was invested almost exclusively in the practical. Nothing caused him quite so much joy as bringing a cow and a blind dairyman together to start a modest, but wholesome, small business. He was another of the many Shotwell awardees who sedulously avoided ostentation all his life.

J. ROBERT ATKINSON

In 1957 the medal went to J. Robert Atkinson, founder, vice-president and managing director of the Braille Institute of America in Los Angeles, California. He was a man who had gotten his living "on the range" from 1903 to 1912, when he lost his sight by accident. His subsequent history supports Churchill's theory that nothing prepares a young man quite so well for a life of fair play as a horse. Atkinson was to become one of the many blind people who built something for others out of his handicap, and not along lines which most people would predict of an "ex-cowboy." With only one formal lesson in braille (from Miss Kate Foley) he became enamored of punctography, and in the next four years taught himself four of the five raised-print systems then in existence. The paradox that the more systems a blind person must learn, the better he seems to read by touch was well illustrated in his case. Out of zeal for this classic aid to the blind, Atkinson was to build his career as a worker for the blind in the Braille Institute of America which became the West Coast printing press for the blind. It began in his garage and home, from which it grew to a National Institution. Before Atkinson no winner of the Shotwell Award, curiously enough, had invested his energies primarily in touch reading. In honoring him the Association filled in an important part of the total picture of the field which is reflected from reviewing the lives of the awardees.

Among Atkinson's other achievements was initiating the Crail Bill in the Congress of the United States in 1930, which paved the way for the concept of more braille books for the adult blind, carried out by the Pratt-Smoot Bill. He also put on the market a braille writer which was very widely used and he invented a means of embossing Moon type for the aged blind, after the means to make this easy method of reading available had been abandoned by others. He reflected the career of Shotwell himself in love for and a meticulous appreciation of literature, in which he most profoundly believed as "a mirror of life." His own life amply illustrated that no "cure" for blindness discovered up to now, is quite so effective as a good strong love of life, which does not scorn the vicarious, but makes the most of what comes through the sighted observer, be it a living companion, or an absent author known through little dots on paper.

FRANCIS B. IERARDI

In 1958, having rediscovered touch reading the previous year, the A.A.W.B. bestowed the Shotwell Award on Francis B. Ierardi, another worker for the blind, whose career had been deeply involved with supplying books to blind people. Ierardi was the founder in 1927 of the National Braille Press in Boston, which published The Weekly News, Our Special and The Home Teacher. A Perkins graduate like Peter Salmon and Charles Holmes, he was an old hand in work for the blind and a past president of the

A.A.W.B. His unique gift was in the management of voluntary services. His agency was supported by voluntary funds and earnings. His good-natured formula, "if I don't have to pay you," cajoled many people to do things for the blind.

During World War II when the Red Cross stopped hand Braille-transcribing, this important means of custom-building books needed by one blind individual stood in jeopardy. Ierardi took over the management of it, as it then stood at a production rate of 14,000 pages a year. The year he was awarded the Shotwell Medal it had reached 96,000 pages, to be punched out, shellacked, bound and proofread. He also pioneered recordings for individuals, both on discs and on tape. His volunteers specialized in transcribing braille music. Like Miss Birchard, who was his great friend and editor, his life was well directed into one channel. His story, spun out, would be the story of action which put hundreds and hundreds of titles at the finger-tips of blind people. And for those who know it well enough to like it, braille is an incomparable reality, which takes the world of language out of the thin air, and puts it where you can pin it down under your fingers.

LEE JOHNSTON

The Shotwell Awardee of 1959, Lee Johnston, was another worker for the blind deeply involved with braille at her introduction to the field. This was when she was chief of the Professional and Welfare Services of the Works Progress Administration in Missouri, in the 30s, when, with her other duties, she organized and supervised projects in the teaching of Braille, Braille transcriptions, sight conservation and visual education.

In 1941 she was appointed Executive Director of the Missouri Commission for the Blind, which had been without funds since 1938. She took the assignment with the understanding that her program was to be considered non-partisan. In 1946, when the functions of the Commission were transferred to the State Department of Welfare, she became director of the newly-established Bureau for the Blind. Like Mrs. Campbell and Mrs. Hathaway, she was a highly intelligent, well educated woman in grande dame guise, with a sense of humor to match. In revitalizing the Missouri Program she instituted a statewide community action program, forming committees in every county and state-wide advisory groups.

Hers was an organizing and informing talent, involving key people in the community in the lives of blind people. Her award was an unusual tribute for the A.A.W.B. to pay because it honored an administrative talent from outside the field. Her special contribution was awareness of the world at large, which caused her to shift emphasis from the usual in programs for the blind. Especially, she pressed the medical program. Thus, it was said, members of the medical profession found themselves fording streams and climbing Ozark trails on week-ends for her clients.

In many ways the speech Mrs. Johnston made in accepting the Shotwell Award was potentially the most helpful ever made by an awardee. She suggested that a concerted effort should be undertaken to have a consistent public education program which harmonized throughout the scores and scores of agencies for the blind represented in the A.A.W.B. . . . "a well-planned, well-directed, continent-wide, five-year plan, to further public understanding about blindness and blind people." At least a few people who thought they had such a program stopped to wonder if they did in fact.

PHILIP M. HARRISON

Philip M. Harrison, the 1960 awardee, was the first blinded veteran to receive the award. He had just ended his tenure as executive secretary of the Pennsylvania

Association for the Blind, having been the successor in that agency to H. Randolph Latimer. Perhaps the most retiring individual ever to have received the award, he also may well have had the most extensive community connections, which he had developed in behalf of blind people. He lost his sight in 1918, and received the rehabilitation training available for the World War I war blinded at Evergreen, where he met and married a rehabilitation aid, who, with him, undertook the blinded veteran's puzzling task of understanding what makes the world handle problems of blind people the way it does, and then the still more puzzling task of trying to change it.

In the 1920s, while president of a blinded veterans' group he had the difficult experience of securing legislation for a national center for the blind, and losing it through dissension in his group over sharing the program with the civilian population. Thereafter he devoted himself entirely to the civilian program. He started as a member of the Sales Committee of the Pittsburgh Branch of the Pennsylvania Association, in 1940 became field secretary and later became executive director. He activated 17 new branch offices, paving the way for the extensive state-wide coverage of problems of blindness now in existence in Pennsylvania. He was an ardent believer in the leadership of the blind by the blind and placed a blind executive in charge of each of these offices whenever it was possible. He was deeply interested in the prevention of blindness for which purpose he established a mobile eye clinic. He was editor of The Seer for 21 years, and for his friends' writings a helpful editor, performing this taxing office for Randolph Latimer's memoirs, "The Conquest of Blindness." He and his wife are a gracious and graceful pair, still seen at A.A.W.B. Conventions, the only link with the international charmed circle of the Campbell family.

FRANCIS J. CUMMINGS AND LON ALSOP

In 1961, two Shotwell Awards were made: one to Dr. Francis J. Cummings, executive secretary of the Delaware Commission for the Blind, and one to Lon Alsop, executive director of the Texas Commission for the Blind. In addition to honoring these two individuals, these awards pointed up the importance of the State-Federal program for the blind, which during the preceding five years had taken on a new prominence in the national program of work for the blind, gaining great impetus from the 1954 Amendments to the Vocational Rehabilitation Act with its greatly increased resources, including funds for research and demonstration. The acceptance of such programs locally was dependent on administration and interpretation by such men as Alsop and Cummings. Their choice highlighted the range of talents which could be effective in the action in behalf of blind people which was now on foot. They were strongly contrasting personalities.

Dr. Francis Cummings was perhaps the most academic figure of his time in work for the blind. Blinded at the age of 12, he was a graduate of the Overbrook School. He studied at the University of Delaware, the Sorbonne and the University of Pennsylvania, where he received his doctor's degree. He was looked upon by blind leaders of the blind as the scholar among them, and in addition to his work in the Delaware State Program, his participation was ubiquitous where someone was needed who knew the world of learning and was also practical about blindness. Once in a group of workers for the blind he was the only man present who knew the much-ostracized word typhlology. (He was also wise enough to know its use was inadvisable). He was a member of the World Council for the Welfare of the Blind and the year he received the award he was the American delegate to the Inter-American Conference on Work for the Blind in Guatamala City. The Shotwell Scroll was presented to him by Miss Marjorie Hooper, who gave an amusing account of how devastating Dr. Cummings could be toward inadequate programs while maintaining a serene, almost diffident manner when not engaged in social battle. His reply was perhaps the most unacademic ever made by a recipient, finishing with a stitch of verse from Belloc:

From first beginning
Out to the undiscovered ends,
There's nothing worth the toil of winning
Save laughter and the love of friends.

This was almost his benediction to the A.A.W.B., as he died a few months later.

Lon Alsop, who also received the award in 1961, was the second recipient to be a member of a State legislature. He began his colorful career in East Texas in the music store business, where his sales ability, coupled with his knowledge of piano-tuning produced rapid growth and prosperity. As a successful business man, his popularity and influence had increased by 1930 to the point where he was elected to the State Legislature, where he served in the House of Representatives for six terms. During this time he developed a favorable reputation as the "watchdog of the state treasury."

Like Watts of Virginia he was able to advance the cause of blind people because he had a reputation for being interested in the welfare of all voters. He was responsible for the legislation which created the State Commission for the Blind, as well as the Aid to the Needy Blind in the Department of Public Welfare. Subsequently he became executive secretary-director of the Commission. Under his leadership the program grew by leaps and bounds, not merely along accepted lines, but in the field of experimentation as well. He was among the first to promote an optical aids program, and he also activated a pre-school program for parents of blind babies, during the scourge of retrolental fibroplasia. He was known as one of those public servants who appeals to people through a rather dry and reserved manner and commands great confidence in his sincerity. His citation said, "A creator of laws; a public servant and humanitarian . . ."

MARY E. SWITZER

In 1962 the Shotwell Award went to Mary E. Switzer, who, like Helen Keller, was a national public figure outside work for the blind at the time as Director of Vocational Rehabilitation. Also, like Helen Keller and Winifred Hathaway, she was a graduate of Radcliffe College. Her citation read, "for action to liberate humanity from tyranny, especially the tyranny of physical disabilities, and determination to include blind people in all progress of mankind." She had been one of the few people who had actually been able to do as much for blind people as the "genericists" claimed all good public servants could. In work for the blind only one figure compared with her: Samuel Gridley Howe, who was said to have "driven the charities five a-breast", and who would never let himself be bottled up in work for the blind. Father Carroll observed that he saw only two places where all the factors of rehabilitation came together; one place was the client and the other was Mary Switzer.

The most revolutionary forms that her concept has taken, and which affected the blind most, were the 1954 Amendments to the Vocational Rehabilitation Act, which in a few short years had put vitality into the State-Federal program for the blind. The skeptical had unexpectedly opened their minds to Miss Switzer in an unpredictable way. A few short years before no one would have supposed the Shotwell medal could go to any administrator outside the field. It might never again. But in her time she had built a bridge for passage to and from such people as she, and kept it open even after she found it was as time-consuming as she must have been warned it would be.

Secretary John W. Gardner said of her, "She makes people come alive." It was this rare gift which had broken down the strange exclusiveness of work for the blind and given her the medal with a piercingly frank speech by Peter Salmon in which he said, "Loving neighbors is not always easy. Some resist you and others turn against you for providing the love they need. Too few are grateful for your efforts. But life was never meant to be a bed of roses. Each of us, it would seem to me, was put here on earth for some work that we are supposed to carry forward. Blessed, indeed, are those who do find their real purpose and make it their lifetime work. They are thrice blessed who are the beneficiaries of outstanding leaders such as our guest of honor, Mary E. Switzer. . . . In 1954 she shaped the Magna Carta in work for the handicapped known as the Vocational Rehabilitation Act." In 1920 the first Vocational Rehabilitation Act had been passed, but in all the years between then and 1954 comparatively little good had come to blind people from it. But now in 1961 subtle changes were occurring and would continue to occur all over the country, not merely because of the law, but the way in which it will be administered.

SAM CATHEY

In 1963 the Shotwell Award winner was Judge Sam Cathey, the first blind jurist to receive it. Like Watts and Perry he was an individual who had built a blind program out of his own difficulties as a blind person. But unlike them he did so from a footing outside work for the blind, earning his living first as a lawyer, and from 1931 on as Judge of the Municipal Court in Asheville. He was blinded in 1912 by a dynamite explosion, when the only rehabilitation resource was the state residential school for blind children, from which he graduated, only to discover that the University of North Carolina did not accept blind students. He undertook to break that precedent, succeeded with Phi Beta Kappa honors and an LL.B. degree.

Leadership qualities began to show in his college years when he pioneered the University's honor system and student government. After he had graduated he began to turn his talents toward improving the conditions of blind people, first with a law providing tuition and expenses for blind students in the state colleges, later pioneering for a state agency for the blind, which became the North Carolina Commission for the Blind. Of this he became chairman, an unremunerated office, in which he served for the ensuing 28 years just prior to receiving the Shotwell Medal. During these years the State program had been among the most innovative in the United States. Judge Cathey's career is interesting in showing the enormous leverage which is possible for the blind leader of the blind, who has a profession outside the field. Many blind people are urged to take this course, but few of them find it is possible to accomplish this rather difficult feat. His acceptance speech was the speech of a truly modest and capable man, who had large reserves in character and brains. He was obviously an example of the very best advertisement work for the blind can have . . . the successful and respected blind individual.

GEORGE E. KEANE

In 1964 the Shotwell Medal went to the second blind person with a hearing handicap to receive it. This was George E. Keane of the Industrial Home for the Blind in Brooklyn. A much-beloved figure in his community and in the field of work for the blind, he had worked at the Brooklyn Agency for 37 years, during which time he had been highly effective in the public relations and legislative program. His speech of acceptance was brief and not reported in the proceedings, but it was both moving and significant and gave the sense of changing times. It stressed Keane's own feeling that his receipt of the Medal was symbolic in that it was actually honoring many other people who had helped him, and that the age was no longer an age of personal distinction so much as an age of general efficiency. In actual fact this had the effect of stressing Keane's own individuality and unique personality, a rare mixture of adamantine integrity and flexibility in ideas. His citation served to bring to the fore the equally unique personality of the Industrial Home for the Blind of Brooklyn, into which Keane and Salmon had put their hearts and souls for blind and deaf-blind people, managing to break through a hard line many agencies were afraid to assail. While others were "studying the problem", they moved in on it.

BERTHOLD LOWENFELD

In 1965 the Shotwell Award went once again to an educator, Dr. Berthold Lowenfeld, Superintendent Emeritus of the California School for the Blind, a scholar of rare distinction. Like Dr. Sigmund Freud he was originally from Vienna and represented values of enormous worth to the world, rescued from the disaster of fascism. He himself told in accepting the Shotwell Award how Dr. Kathryn Maxfield had played the same part in his life which Pauline Bonaparte played in Freud's.

As Dr. Lowenfeld described it, he "received without even asking, papers . . . from my good friend, Kathryn Maxfield . . .' which "enabled me to leave Austria to come in September, 1938, to the United States, practically re-born." His yield in service to the country of his adoption was copious. He brought with him both general academic training and special education of the blind from what was once a great center of learning about blindness. Vienna had one of the two comprehensive libraries on blindness in the world, and it was at the University of Vienna that Dr. Lowenfeld studied under Dr. Karl Buhler, doing his dissertation in the area of sensory research. This brought him to America for the first time in 1930-31 on a Rockefeller Research Fellowship. In the years after he came to this country permanently, his many special contributions all had a heightened value, mixed as they were with the leaven of regard for the humanities which he brought to councils in America from old Europe. His rare gift for leaving evil behind him and passing on to the new day, carried with it the very essence of the rehabilitation spirit. First at the American Foundation for the Blind and later at the California School for the Blind he was accorded recognition as an authority on blindness, which bore out the old legend, "Any land is a brave man's country."

HENRY A. WOOD

Henry A. Wood, Executive Secretary Emeritus of the North Carolina Commission for the Blind, received the Shotwell Award in 1966. Though he had held many offices and done many services as an agency official, there is very little doubt that he was given the medal in recognition of his exceptional qualities as a sighted companion of blind people. This subtle factor which goes all through work for the blind was termed by Dr. Edward Allen "the vicariate of the senses." Wood began to learn this art as the sighted reader for Judge Cathey at the University of North Carolina. He was, for a brief time, in public school education as a young man, but in 1936 went to the North Carolina Commission for the Blind, first as a casework supervisor until 1947 when he was appointed executive secretary. As an organization man, he was deep in the affairs of the A.A.W.B., the National Rehabilitation Association, the American Foundation for the Blind and many other agencies. He was one of the delegates to the World Council for the Welfare of the Blind in Paris in 1954 and in Rome in 1961. In all transactions he served a special function: both because it seemed to come naturally to him, and because he practiced it as an art, giving his blind colleagues the information which could only be gotten by the eye and which was indispensible for their effectiveness. Hardly aware of it themselves, perhaps, blind people flourished socially when he was with them as they had in the society of Charles Campbell, whom Helen Keller described as the incomparable sighted companion. Wood, who was interested in Indians as well as blind people, was fond of quoting in the Sioux language, "Tohan wawanakapi sni, hantans oyate, ki jujuwahanti," which meant, "Where there is no vision, the people perish." His own eyes have been most generously offered and widely used through the years to bring the life around them to blind people.

JANSEN NOYES

The 1967 Award went to another sighted person whose eyes served blind people in committee and organization work, Jansen Noyes, successor of M.C. Migel at the American Foundation for the Blind. This was an honoring once again of volunteer service and board membership, as in a sense the choice of M.C. Migel had been. Yet with the changes in the world and with management improvement methods, Noyes was more the out and out specialist as a board member, having made not merely a hobby of it, but an avocation, especially as president of the American Foundation for the Blind (and Overseas Blind); as Trustee of the National Society for the Prevention of Blindness, and as a committee member on the Purchase of Blind-Made Products. He was deeply involved with the affairs of National Industries for the Blind from its beginning. His talents in matters of finance had been the resource he brought to the field from his regular occupation "business", and he received the award as a prototype of many thousand citizens all over America who bridge the gap between work for the blind and the community of finance.

In accepting the medal, Noyes made the humble, and also shrewd statement that the "lay leader is the product of the professionals with whom he works."

The presentation to Noyes was made by Mary Switzer, who also paid a tribute to Shotwell himself, as a rather obscure "professional" from whom over the years large things had come for which he had created the first stir far ahead of his time: college in training for blind youth, vocational rehabilitation, centers for rehabilitation.

Such then, is the procession formed by the Shotwell Award winners. Having briefly reviewed their achievements, it is hardly necessary to say much about them as a small squadron of "faithful people," which go to make up work for the blind. However, one important fact stands out. To read about them brings a realization that the field is a "personal" field to a somewhat larger extent than is any other because of the "vicariate of the senses", the vast amount of information which it undertakes to convey to blind people through the eyes and brains of the sighted. Perhaps this is why down to the present its enlightened subjectivity has stolen all the bases, leaving "science" lumbering behind with its impedimenta, rather "put out" and inclined to find fault.

Reflecting on the disparagements of the sociologist, who finds workers for the blind so inadequate, and measuring this criticism against the accomplishments of the Shotwell Award Winners, suggests an intriguing proposition.

If all the Shotwell Award winners could be matched against any group of sociologists the opposition might care to choose, and each group then sent into a room with a presumably unsolvable human problem, I think I know which group would come out with practical and imaginative suggestions for amelioration. And I think I know which would come out with a request for a large grant to study the subject further, possibly by running the "Book of Proverbs" through controlled experiment.

Proverbs 27:7—"The full soul loatheth an honeycomb; but to the hungry soul every bitter thing is sweet."

U. S. GOVERNMENT SPONSORED RESEARCH TO STUDY BLINDNESS - 1968 SUPPLEMENT

By Mary E. Switzer and C. Warren Bledsoe

SOCIAL AND REHABILITATION SERVICE RESEARCH AND DEMONSTRATION GRANTS PROJECTS*

Listed by Grant Number, Grantees, Project Director and Purpose

GRANT NO.	PROJECT IDENTIFICATION	GRANTEE AND PROJECT DIRECTOR	PURPOSE AND INTEREST CATEGORY†
RD-2406-S	Strengthening Services for the Visually Handicapped through the application of standards	National Accreditation Council for Agencies Serving the Blind and Visually Handicapped, Incorporated 84 Fifth Avenue, New York, New York 10011 Alexander F. Handel	To help raise the performance level of agencies and organizations serving the Nation's blind and visually handicapped by the following activities: 1) development of effective and qualitative programs, 2) implementation of available standards; and 3) development of instruments for more effective utilization of standards by agencies and organizations. (IV).
RD-2444-S	Development of a Visual Substitution System	Institute of Medical Sciences 2340 Clay Street San Francisco California 94115 Paul Bach-y-Rita, M.D.	To develop a sensory substitution system for the blind. Optical information from a closed circuit television system will be electromechanically projected on the skin in the form of tactile images. (II-C).

*Note: All terminology has been changed to reflect the reorganization of the Vocational Rehabilitation Administration as part of the new Social and Rehabilitation Administration.

†Code of Interest Category: I, Vocational; II-A, Prevocational-Centers; II-B, Prevocational Processes – 11-C, Prevocational-Processes-Optical Aids; II-D, Testing; III, Equipment; IV, Personnel.

SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION GRANTS PROJECTS* (Continued)

GRANT NO.	PROJECT IDENTIFICATION	GRANTEE AND PROJECT DIRECTOR	PURPOSE AND INTEREST CATEGORY †
RD-2472-S	Development of a Sheltered Workshop Laboratory to Serve agencies for the Blind	National Industries for the Blind 50 West 44th Street New York, New York 10036 Robert C. Goodpasture	To create and operate an industrially oriented sheltered workshop laboratory in which new products suitable for production in agencies for the blind are made and to develop industrial components for use in production in these agencies. To obtain existing lines of successful products which may be readily incorporated into other sheltered workshops. To explore the feasibility of subsequent studies on improving the administration of workshops for the blind. (I).
RD-2475-S	Development of Optical-to-Tactile Conversion Aids for the Blind	Stanford University Department of Electrical Engineering Stanford, California 94305 James C. Bliss, Ph.D.	To involve through psychological tests and engineering design, systems that perform optical-to-tactile image conversion for use by visually handicapped people in reading printed matter and in obtaining information about their environment important to mobility. To study the use of the devices and appropriate training procedures. (III).
RD-2480-G	Regional Facility: Psychiatric Service for the Blind	Catholic Guild for all Blind 770 Centre Street Newton, Massachusetts 02158 Rev. Thomas J. Carroll	To establish a regional facility for the New England States, which make psychiatric services available to blinded persons who are receiving rehabilitation services. (II-A).
RD-2489-S	The Blind as Tax Assistors for the Internal Revenue Service	Arkansas Enterprises for the Blind, Inc. 2811 Fair Park Boulevard Little Rock, Arkansas 72204 J. O. Murphy	To demonstrate that properly selected and trained blind individuals can function as Tax Assistors for the Internal Revenue Service. Thus, to open new employment opportunities for the blind. (I).

SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION GRANTS PROJECTS* (Continued)

GRANT NO.	PROJECT IDENTIFICATION	GRANTEE AND PROJECT DIRECTOR	PURPOSE AND INTEREST CATEGORY †
RD-2497-S	Analysis of Evaluation Procedure, Disability Types, and Recommended Treatments of 100 Deaf-Blind Children	Syracuse University 201 Marshall Street Syracuse, New York 13210 W. Scott Curtis Ph.D. and Edward T. Donlon	To utilize personnel of an evaluation team, the records of the center for Development of Blind Children, and the facilities of the American Foundation for the Blind to develop a clinically useful evaluation protocol for more structured behavioral observation of deaf-blind children. (IV).
RD-2554-S	Vocational Adjustment Follow-up Study of Groups of Visually Handicapped	Regents of the University of Michigan 2008 Administration Building Ann Arbor, Michigan 48104 Geraldine T. Scholl Ph.D.	To study the vocational adjustment of selected groups of visually impaired adults who receive vocational counseling. (I).
RD-2557-S	Tactual Mapping: Design, Production, Reading, and Interpretation	University of Maryland Department of Geography College Park, Maryland 20740 Joseph W. Wiedel and Paul A. Groves, Ph.D.	To develop guidelines for the design, production, reading, and interpretation of orientation-mobility maps for use of blind persons. (III).
RD-2563-S	Postural Determinants In the Blind	Department of Children and Family Services Room 404, New State Office Building, Springfield, Illinois 60612 Thomas J. Murphy	To examine the relationship between posture and mobility in blindness, and the effectiveness of corrective measures in terms of improved mobility skill. (II-B).
RD-2602-S	Fourth Quinquennial Conference of Educators of Blind Youth	Perkins School for the Blind 175 North Beacon Street, Watertown, Massachusetts 02172 Edward J. Waterhouse	To hold a International Conference of Educators of Blind Youth and to conduct leadership projects for administrators and for educators of the blind. (IV).

SOCIAL AND REHABILITATION SERVICE RESEARCH AND DEMONSTRATION GRANTS PROJECTS* (Continued)

GRANT NO.	PROJECT IDENTIFICATION	GRANTEE AND PROJECT DIRECTOR	PURPOSE AND INTEREST CATEGORY†
RD-2603-S	Development of a Braille Medical Dictionary	Hadley School for the Blind 700 Elm Street Winnetka, Illinois 60093 Donald Wind Hathaway	To develop and make available a multi-volume braille medical dictionary for the purpose of extending and expanding employment opportunities for blind persons in professional and clerical positions where medical terminology is an essential factor. (III).
RC-8-S	Sensory Aids and Prosthetics Research and Development	Massachusetts Institute of Technology Cambridge, Massachusetts 02139 Robert W. Mann, Ph.D.	A broad program in sensory aids and prosthetics research and development for the blind. (III).
RC-18-S	Sensory Aids and Development Center for the Blind	Massachusetts Institute of Technology Cambridge, Massachusetts 02139 John K. Dupress (Deceased 12-29-67)	A broad program of support for a sensory aids development center at M.I.T. (III).
RC-37-S	Design a Upward Braille Writing Device	IIT Research Institute 10 West 35th Street Chicago, Illinois 60616 J. A. Sullivan	To design and produce prototypes of a low cost, durable, upward writing device which will permit writing Braille from left to right with correct reading orientation. (III).
RC-38-S	Development of Collapsible Cane for the Blind	IIT Research Institute 10 West 35th Street Chicago, Illinois 60616 Seymour Bazell, Ph.D.	Research, development, and product engineering of a practical, economical, and convenient collapsible cane for the blind. (III).

SOCIAL AND REHABILITATION SERVICE RESEARCH AND DEMONSTRATION GRANT FUNDS FISCAL YEARS 1967 - 1968

NEW GRANTS

PROJECT NUMBER	GRANTEE	CALENDAR YEAR BEGAN	GRANT AWARD
RD-2406	National Accreditation Council for Agencies Serving the Blind and Visual Handicapped, Inc. New York, New York	1967	$ 79,000
RD-2444-S	Institute of Medical Sciences San Francisco, California	1967	30,078
RD-2472-S	National Industries for the Blind New York, New York	1967	50,000
RD-2475-S	Stanford University Stanford, California	1967	63,038
RD-2480-G	Catholic Guild for all the Blind Newton, Massachusetts	1967	63,974
RD-2489-S	Arkansas Enterprises for the Blind, Inc. Little Rock, Arkansas	1967	9,920
RD-2497-S	Syracuse University Syracuse, New York	1967	12,885 Pilot Project Grant
RD-2554-S	Regents of the University of Michigan Ann Arbor, Michigan	1967	71,642
RD-2557-S	University of Maryland College Park, Maryland	1967	16,741
RD-2563-S	Department of Children and Family Services Springfield, Illinois	1967	11,760
RD-2602-S	Perkins School for the Blind Watertown, Massachusetts	1967	50,000
RD-2603-S	Hadley School for the Blind Winnetha, Illinois	1967	43,406
RC-8-S	Massachusetts Institute of Technology Cambridge, Massachusetts	1967	94,932

SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION GRANT FUNDS
FISCAL YEARS 1967 - 1968 (Continued)

NEW GRANTS

PROJECT NUMBER	GRANTEE	CALENDAR YEAR BEGAN	GRANT AWARD
RC-18-S	Massachusetts Institute of Technology Cambridge, Massachusetts	1967	99,999
RC-37-S	IIT Research Institute Chicago, Illinois	1967	Extension of Grant Period
RC-38-S	IIT Research Institute Chicago, Illinois	1967	4,528 Supplemental Grant
	Totals		$701,903

SOCIAL AND REHABILITATION SERVICE RESEARCH AND DEMONSTRATION GRANT FUNDS FISCAL YEARS 1967 - 1968

Continuation Grants

PROJECT NUMBER	GRANTEE	CALENDAR YEAR BEGAN	GRANT AWARD
RD-1004-S	Industrial Home for the Blind Brooklyn, New York	1962	$ 90,000
RD-1296-S	Cleveland Society for the Blind Cleveland, Ohio	1964	21,300
RD-1306-S	Services to the Blind, Division of Welfare, Concord, New Hampshire	1964	18,000
RD-1445-S	Vocational Rehabilitation Division Charleston, West Virginia	1965	9,754
RD-1480-S	Rehabilitation Institute Detroit, Michigan	1964	29,000
RD-1538-S	Evansville Association for the Blind Evansville, Indiana	1964	Extension of grant period; no additional funds
RD-1641-S-D	Tennessee School for the Blind Nashville, Tennessee	1965	8,511
RD-1691-S-D	Blind Children's Service Center Fort Worth, Texas	1966	9,500
RD-1692-S-D	Services for the Blind, Department of Social Welfare Lansing, Michigan	1965	8,503
RD-1693-S	New Hampshire Association for the Blind Concord, New Hampshire	1965	20,000
RD-1771-S	Illinois Braille and Sight Saving School, Jacksonville, Illinois	1966	$ 12,720
RD-1784-S	Department of Special Education State College at Los Angeles Los Angeles, California	1965	51,830
RD-1787-S-D	State Union of New York Buffalo, New York	1965	5,610

SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION GRANT FUNDS
FISCAL YEARS 1967–1968 (Continued)

Continuation Grants

PROJECT NUMBER	GRANTEE	CALENDAR YEAR BEGAN	GRANT AWARD
RD-1843-S	Division of Vocational Rehabilitation Baltimore, Maryland	1965	15,900
RD-1846-S	Oregon Commission for the Blind Portland, Oregon	1966	9,609
RD-1906-S	Social Science Research Center University of Puerto Rico Rio Piedras, Puerto Rico	1965	40,013
RD-1956-S	Minneapolis, Society for the Blind, Inc. Minneapolis, Minnesota	1965	47,280
RD-1974-S-D	Research Foundation, State Union of New York Albany, New York	1965	4,800
RD-2026-S-D	University of Tennessee College of Medicine Memphis, Tennessee	1966	3,361
RD-2029-S-D	Florida Council for the Blind Tallahassee, Florida	1966	13,000
RD-2030-S	Boston, University Boston Massachusetts	1965	Extension of grant period; no additional funds
RD-2049-S	Virginia Commission for the Visually Handicapped Richmond, Virginia	1966	25,244
RD-2064-S	Albert Einstein College of Medicine New York, New York	1965	17,750 Supplemental grant
RD-2065-S	Boston College Chestnut Hill, Massachusetts	1966	23,423
RD-20405-S	National Industries for the Blind New York, New York	1966	Extension of grant period; no funds

SOCIAL AND REHABILITATION SERVICE
RESEARCH AND DEMONSTRATION GRANT FUNDS
FISCAL YEARS 1967 - 1968 (Continued)

Continuation Grants

PROJECT NUMBER	GRANTEE	CALENDAR YEAR BEGAN	GRANT AWARD
RD-2469-S	North Carolina Museum of Art Raleigh, North Carolina	1966	Extension of grant period; no additional funds
	Total		$485,108

SOCIAL AND REHABILITATION SERVICE GRANTS CONCERNING BLINDNESS

Listed Alphabetically

GRANTEE	PROJECT NUMBER
Arkansas Enterprises for the Blind, Inc. Little Rock, Arkansas	RD-2489-S
Catholic Guild for all Blind Newton, Massachusetts	RD-2480-G
Department of Children and Family Services Springfield, Illinois	RD-2563-S
Hadley School for the Blind Winnetka, Illinois	RD-2603-S
IIT Research Institute Chicago, Illinois	RC-37-S
IIT Research Institute Chicago, Illinois	RC-38-S
Institute of Medical Sciences San Francisco, California	RD-244-S
Massachusetts Institute of Technology Cambridge, Massachusetts	RC-8-S
Massachusetts Institute of Technology Cambridge, Massachusetts	RC-18-S
National Accreditation Council for Agencies Serving the Blind and Visually Handicapped, Inc. New York, New York	RD-2406
National Industries for the Blind New York, New York	RD-2472-S
Perkins School for the Blind Watertown, Massachusetts	RD-2602-S
Regents of the University of Michigan Ann Arbor, Michigan	RD-2554-S
Stanford University Department of Electrical Engineering Stanford, California	RD-2475-S
Syracuse University Syracuse, New York	RD-2497-S
University of Maryland College Park, Maryland	RD-2557-S

PROJECT DIRECTOR OF SOCIAL AND REHABILITATION SERVICE GRANTS CONCERNING BLINDNESS

Listed Alphabetically

PROJECT DIRECTOR	PROJECT NUMBER
Bach-y-Rita, Paul (M.D.)	RD-2444-S
Bazell, Seymour (Ph.D.)	RC-38-S
Bliss, James C. (Ph.D.)	RD-2475-S
Carroll, Thomas J. (Rev.)	RD-2480-G
Curtis, W. Scott (Ph.D.)	RD-2497-S
Donlon, Edward T.	RD-2497-S
Dupree, John K. (Deceased 12-29-67)	RC-18-S
Goodpasture, Robert C.	RD-2472
Groves, Paul A. (Ph.D.) and Wiedel	RD-2557-S
Handel, Alexander F.	RD-2406-S
Hathaway, Donald Wing	RD-2603-S
Mann, Robert W. (Ph.D.)	RC-8-S
Murphy, J. O.	RD-2489-S
Murphy, T. J.	RD-2563-S
Scholl, Geraldine T.	RD-2554-S
Sullivan, J. A.	RC-37-S
Waterhouse, Edward J.	RD-2602-S
Wiedel, Joseph W. and Groves, Paul A. (Ph.D.)	RD-2557-S

REPORTS RESULTING FROM SOCIAL AND REHABILITATION SERVICE RESEARCH AND DEMONSTRATION PROJECTS CONCERNING BLINDNESS

498 University of Texas, Southwestern Medical School, Dallas, Texas.

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REHABILITATION SERVICES ADMINISTRATION
TRAINING PROJECTS - REHABILITATION OF THE BLIND
FY 1967 and 1968 Supplement

RSA Grant or Contract No.	Sponsor	Project Director	Subject
LONG-TERM:			
68-T-660	California State College 5151 State College Drive Los Angeles, Calif. 90032	Lawrence Blaha	Rehabilitation of the Blind
SHORT-TERM:			
68-20	American Association of Instructors for the Blind, Inc. 711 14th St., N.W. Washington, D.C. 20005	R. Paul Thompson	Train guidance counselors of the visually handicapped youth in the understanding and application of information and skills in prevocational and vocational counseling of the blind.
67-39	American Foundation for the Blind 15 West 16th St. New York, N.Y. 10011	M.R. Barnett	Employment of visually handicapped persons in service occupations in hotels and motels.
68-19	American Foundation for the Blind 15 West 16th St. New York, N.Y. 10011	M.R. Barnett	Institute to plan for the employment of visually handicapped persons in rural and urban recreation programs.
67-45	Chicago Lighthouse for the Blind 1850 West Roosevelt Road Chicago, Ill. 60608	William O. McGill	Orientation workshop for newly hired vending stand supervisors.

REHABILITATION SERVICES ADMINISTRATION
TRAINING PROJECTS - REHABILITATION OF THE BLIND
FY 1967 and 1968 Supplement (Continued)

RSA Grant or Contract No.	Sponsor	Project Director	Subject
68-5	University of Maryland College Park, Nd. 20740	Wilson H. Elkins	In-service training institute for rehabilitation teachers of the blind in RSA Regions I, II, and III.
67-42	National Industries for the Blind 1511 K St., N.W. Washington, D.C. 20005	R.C. Goodpasture	Training course for personnel of workshops for the blind and state vocational rehabilitation agencies on improved cooperative efforts.
67-43	New York Association for the Blind 111 East 59th St. New York, N.Y. 10022	Wesley D. Sprague	Institute to plan for the employment of qualified blind teachers in teaching positions in the public shool systems at both the elementary and secondary grade levels.
67-44	Commonwealth of Pennsylvania Department of Public Welfare Office for the Blind Harrisburg, Pa. 17120	Norman M. Yoder	Management of business enterprises for the blind.
67-49	Richmond Professional Institute 901 West Franklin St. Richmond, Va. 23220	Dr. George J. Oliver	Orientation workshop for newly hired vending stand supervisors.

REHABILITATION SERVICES ADMINISTRATION
TRAINING PROJECTS - REHABILITATION OF THE BLIND
FY 1967 and 1968 Supplement (Continued)

RSA Grant or Contract No.	Sponsor	Project Director	Subject
67-61	Western Michigan University Kalamazoo, Michigan 49001	Russell H. Seibert	Workshop relating to problems in the selection, training, and placement of the blind for programming computers.
68-2	Wisconsin Bureau for Handicapped Children 110 N. Henry St. Madison, Wisconsin 53703	John W. Melcher	Education and rehabilitation of the visually handicapped, a continuing process.
67-	University of Wisconsin Madison, Wisconsin 53706	Dr. George N. Wright	Short-term course for rehabilitation counselors on rehabilitation of the blind.

SUMMARY OF TRAINING GRANTS AWARDED
REHABILITATION OF THE BLIND
FY 1967 and 1968

Institution	FY 1967[1]	FY 1968[2]
LONG-TERM:		
American Association of Workers for the Blind (#385)	$ 35,250	$ 28,350
Boston College (#236)	148,442	165,597
California State College at Los Angeles (#660) (Los Angeles State College Foundation)	39,875	91,124
National Rehabilitation Association (#597)	1,600	1,500
State University of New York at Oswego (Research Foundation of SUNY) (#240)	2,322	–
Southern Illinois University (#267)	63,117	62,793
Western Michigan University (#284)	196,711	191,310
SHORT-TERM:		
American Association of Instructors for the Blind (68-20)	–	10,000
American Association of Workers for the Blind (67-T-385)	1,517	–
American Foundation for the Blind, Inc. (67-39)	8,000	–
American Foundation for the Blind, Inc. (68-19)	–	9,100
California State College at Los Angeles (67-115)	3,000	–
Chicago Lighthouse for the Blind (67-45)	5,937	–
Maryland, University of (68-5)	–	10,864
National Industries for the Blind (67-42)	9,070	–
National Rehabilitation Counseling Association (67-59)	8,104	–
New York Association for the Blind (67-43)	8,500	–
Pennsylvania Department of Public Welfare, Office of the Blind (67-44)	6,795	–
Richmond Professional Institute (67-49)	8,000	–
Southern Illinois University (67-T-267/68-T-267)	6,000	6,000
Western Michigan University (67-61)	10,000	–
Wisconsin Bureau for Handicapped Children (68-2)	–	1,675
Wisconsin, University of (67-T-197)	1,826	–

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[1] Source: Training Grant Program, FY 1967, Summary of Grants Awarded, June 30, 1967, and file copies of Statements of Grant Award.

[2] Source: Ibid., FY 1968, September 30, 1967, and file copies of Statements of Grant Award.

SUMMARY OF TRAINING GRANTS AWARDED
REHABILITATION OF THE BLIND
FY 1967 and 1968 (Continued)

Institution	FY 1967[1]	FY 1968[2]
IN-SERVICE TRAINING GRANTS:		
Arizona Welfare Dept. (# 33)	$ 900	$ 495
Arkansas Rehabilitation Services for the Blind (# 88)	–	3,000
Connecticut Board of Education and Services for the Blind (#14)	497	684
Florida Council for the Blind (#77)	3,800	4,100
Iowa Commission for the Blind (# 48)	1,752	1,972
Kansas State Department of Social Welfare (# 19)	1,076	877
Maine Department of Health and Welfare (#27)	346	426
Massachusetts Division of the Blind (# 64)	360	–
Michigan State Department of Social Welfare, Services for the Blind (# 78)	893	1,005
Minnesota State Services for the Blind (#49)	900	1,710
Mississippi Division for the Blind (# 67)	3,300	3,600
Missouri Division of Welfare, Bureau for the Blind (#80)	1,611	1,494
Montana Division of Blind Services (# 81)	600	700
Nebraska Department of Services for the Visually Impaired (#43)	719	696
Nevada Services to the Blind Division (#37)	1,500	–
New Hampshire Division of Blind Services (#54)	–	205
New Jersey Commission for the Blind (#9)	2,200	1,400
New York Commission for the Blind (#46)	3,000	–
North Carolina State Commission for the Blind (# 79)	3,790	2,500
Ohio Department of Public Welfare (#30)	2,435	2,495
Pennsylvania Office for the Blind, Dept. of Public Welfare (#2)	7,000	7,000
	(Short-Term	2,350)
Rhode Island Division of Services for the Blind (#22)	1,439	736
South Carolina Commission for the Blind (#87)	–	700
South Dakota Services to the Blind and Visually Handicapped (#34)	1,301	625
Tennessee Rehabilitation for the Blind (#68)	3,330	3,500
Texas Commission for the Blind (#11)	4,800	3,100
Vermont Division for the Blind (#17)	270	89
Virginia Commission for the Visually Handicapped (#70)	590	750
Washington State Department of Public Assistance (#44)	1,000	1,000
Wisconsin State Department of Public Assistance (#35)	568	365

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[1] Source: Training Grant Program, FY 1967, Summary of Grants Awarded, June 30, 1967.

[2] Ibid., FY 1968.

NINDB GRANTS RELATED TO BLINDNESS

CURRENTLY ACTIVE

2/26/68

Grant No.	Title	Investigator and Institution	Period Dates	Grant Award
3770	Eye and brain damage induced by continuous light	Dr. Paul C. Harrison Washington State University Pullman, Washington	4/1/67-3/31/68	$ 19,159
4602	Studies on congenital day blindness	Lionel F. Rubin, V.M.D. University of Pennsylvania Philadelphia, Pennsylvania	9/1/67-8/31/68	30,939
4738	Quantitative measures of echo detection in the blind	Charles E. Rice, Ph.D. Stanford Research Institute Menlo Park, California	9/1/67-8/31/68	128,080
4870	Reading and listening in learning by the blind	Carson Y. Nolan, Ph.D. American Printing House for the Blind Louisville, Kentucky	9/1/66-4/30/68	19,009
5342	Studies of carriers of inherited retinal disorders	Alex E. Krill, M.D. University of Chicago Chicago, Illinois	1/1/68-12/31/68	26,412
5398	Classification of impairment of visual function	Maya Riviere, Ph.D. Rehabilitation Codes, Inc. New York, New York	6/1/66-3/31/68	30,048
5505	The action of drugs and poisons on the eye	Albert M. Potts, M.D., Ph.D. University of Chicago Chicago, Illinois	10/1/67-9/30/68	51,107
6035	The effect of full-time contact lens wear	William R. Baldwin, D.O. Pacific University Forest Grove, Oregon	9/1/67-8/31/68	7,944
6199	Parasites as causes of blindness	Robert W. Davis, D.V.M. Colorado State University Fort Collins, Colorado	6/1/67-5/31/68	64,652
6394	Optical investigation/ classification of keratoconus	Maurice G. Poster, D.O. Optometric Center of New York New York, New York	5/1/67-4/30/68	20,645
6634	Classification of vision impairment and blindness	Dr. Paul R. Sheehe National Society for the Prevention of Blindness, Inc. New York, New York	9/1/66-3/31/68	9,644

NINDB GRANTS RELATED TO BLINDNESS

CURRENTLY ACTIVE (Continued)

2/26/68

Grant No.	Title	Investigator and Institution	Period Dates	Grant Award
7198	Developmental genetics of the eye defects	Louis J. Pierro, Ph.D. University of Connecticut Storrs, Connecticut	9/1/67-8/31/68	34,877
7250	Nutritions long term role in cataract development	W. Jann Brown, M.D. University of California Los Angeles, California	5/1/67-4/30/68	39,196
7564	Oxygen therapy and retrolental fibroplasia	John W. Ferree, M.D. National Society for the Prevention of Blindness New York, New York	1/1/67-3/31/68	11,200
7575	Effect of visual deprivation on the retina	Duco I. Hamasaki, Ph.D. University of Miami Miami, Florida	9/1/67-8/31/68	55,358
7633	Behavioral sciences and blindness	Thomas J. Carroll, A.B. American Center for Research in Blindness and Rehabilitation Newton, Massachusetts	4/1/67-3/31/69	150,000

U.S. PUBLIC HEALTH SERVICE
RESEARCH CONCERNING BLINDNESS

National Institute of Neurological Diseases and Blindness

Office of Biometry

Section on Blindness Statistics

The Model Reporting Area (MRA) for Blindness Statistics, sponsored by the National Institute of Neurological Diseases and Blindness (NINDB) and mentioned in the 1967 AAWB ANNUAL "BLINDNESS" now includes 15 states with about 1/5 of the United States population. With the expected addition of three more states within a year, MRA will be operating in states with about 1/3 of the United States population. MRA's objectives are to make better statistics available on blind persons and to stimulate research in blindness. It is a voluntary association of states that maintain registers of blind persons to collect uniform and meaningful information that is comparable among states. Statistical reports on reported incidence and prevalence of blindness in MRA states have been published yearly for the period 1962-65, and the 1966 report is in preparation. Proceedings of annual MRA conferences have been published yearly for the period 1962-66, and the Proceedings report for 1967 is in preparation. The statistical and the proceedings reports are sold by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Until present supplies have been exhausted, free copies of the statistical and proceedings reports are available to anyone upon request to the Project Director, Paul H. Anderson, Ph.D., Acting Head, Section on Blindness Statistics, Office of Biometry, NINDB, National Institutes of Health, Bethesda, Maryland. 20014.

Two studies have been published. These are "The survivorship of blind persons based on an MRA state register" and "The relation of perinatal factors to blindness occurrence in children."

Information concerning the MRA may be secured from the Project Director.

U. S. OFFICE OF EDUCATION RESEARCH PROGRAMS FOR VISUALLY HANDICAPPED

Bureau of Education for the Handicapped Division of Research

PROJECT NUMBER	TITLE DURATION COST	GRANTEE PRINCIPLE-INVESTIGATOR	PURPOSE
5-0421	Improvement of Tactual Symbols for Blind Children 6/1/64 - 5/31/68 $36,928	The American Printing House for the Blind Louisville, Kentucky Carson Y. Nolan	To determine the minimum discriminable size of tactual map symbols, used by the blind, and to expand the number of symbols and combinations of symbols in use, to present more information readily on tactual maps.
7-1112	Development of a Tactile Facsimile Reading Aid for the Blind 1/1/68 - 12/31/70 $612,690	Stanford University Stanford, California John G. Linville James C. Bliss	To develop an instrument which will optically scan and reproduce an enlarged tactile facsimile, of reading materials, on a sensing plate. This will make ordinary printing material available to the blind.
7-1167	Adaptation and Evaluation of an Informal Reading Inventory for the Blind 10/31/67 - 10/31/68	Southern Illinois University Carbondale, Illinois Allen Berger	To develop a braille reading inventory (test) to measure elementary school blind children's independent, instructional, and frustration levels in reading ability. The test will replace braille translations of other achievement tests used with seeing children.
7-1185	The Development of an Expanded Reading Code for the Blind: Part II 9/1/67 - 8/31/70 $106,415	University of Louisville Louisville, Kentucky Emerson Foulke	To develop an enlarged set of characters, of known high discriminability, from the braille code. The elements developed will be for use in communicating technical concepts such as mathematics, chemistry, and computer science.

U. S. OFFICE OF EDUCATION RESEARCH PROGRAMS FOR VISUALLY HANDICAPPED

Bureau of Education for the Handicapped Division of Research (Continued)

PROJECT NUMBER	TITLE DURATION COST	GRANTEE PRINCIPLE-INVESTIGATOR	PURPOSE
8-C-024	Speed Listening Skill by the Blind as a Function of Training 6/1/65 - 5/31/68 $4,429	Washington College Chestertown, Maryland Ellen Rubin	To determine if training in speed listening of tape recorded textbook material will substantially enhance the rate at which this kind of material can be comprehended effectively.
8-0046	Aural Study Systems for the Visually Handicapped 2/1/68 - 1/31/72 $211,435	The American Printing House for the Blind Louisville, Kentucky Carson Y. Nolan	To compare the efficiency of listening and reading in learning and to make a task analysis of studying through listening. The results will be used to design a system of materials and techniques for study through listening.

U.S. VETERANS ADMINISTRATION, PROSTHETIC AND SENSORY AIDS SERVICE RESEARCH ON AIDS FOR THE BLIND

Eugene F. Murphy, Ph.D.

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This summary was prepared March 15, 1968 for use in the AAWB Annual. The data are supplementary to similar materials appearing in earlier issues of the Annual. Only active projects are mentioned here. The "Total Cost" entry shows the cumulative cost from the inception date indicated to March 15, 1968. The "FY '67 Cost" is the amount expended between July 1, 1966 and June 30, 1967. These costs, representing reimbursements to research contractors, are not always the same as obligations of funds to be made available to the contractors.

Continuation Projects

PROJECT NUMBER	IDENTIFICATION DURATION AND COST	ACTIVITY ADDRESS	PRINCIPAL PERSONNEL	PURPOSE
V1005M-1253	Outputs for Reading Machines 4/1/57 to present Total Cost: $291,417 FY '67 Cost: $37,437	Haskins Laboratories, Inc. 305 East 43 Street New York, N.Y. 10017	F.S. Cooper, Ph.D. J. Gaitenby	To study audible outputs for reading machines for the blind, and to develop the psychoacoustic, linguistic, phonetic, electronic, and mechanical details necessary to achieve a first-rate output, i.e. some form(s) of machine-made speech not too different from natural speech.
V1005M-1254	Word-Reading Machine 4/19/57 to present Total Cost: $27,000 FY '67 Cost: None	Haskins Laboratories, Inc. 305 East 43 Street New York, N.Y. 10017	F.S. Cooper, Ph.D.	To construct a machine capable of producing "compiled speech" from a tape-recorded library of some 7000 words spoken in a controlled way by a trained speaker. The device was demonstrated in 1966 and a contract-termination final report is now in preparation.
V1005M-1914	Sensory Aids Subcommittee 3/31/65 to present Total Cost: $6,500 FY '67 Cost: $5,000	National Academy of Sciences 2101 Constitution Ave., N.W. Washington, D.C. 20037	Prof. R.W. Mann Chairman A.B. Wilson, Jr. Exec. Director CPRD	To provide advisory and consulting services regarding research programs in aids for the blind and for the deaf.

Continuation Projects

PROJECT NUMBER	IDENTIFICATION DURATION AND COST	ACTIVITY ADDRESS	PRINCIPAL PERSONNEL	PURPOSE
V1005M-1943	Personal-Type Reading Machines 9/12/58 to present Total Cost: $544,025 FY '67 Cost: $103,174	Mauch Laboratories, Inc. 3035 Dryden Road Dayton, Ohio 45439	H.A. Mauch G.C. Smith	To develop a reading machine for the blind which is relatively portable, capable of independent use at higher reading speeds than possible with the optophone, and sufficiently low in cost that it may be acquired by an individual blind person. Optophone-type developments have also resulted from this work. The Visotoner with audible output, and the Visotactor "B" with tactile output are examples.
V1005M-9217	Obstacle Detectors for the blind 6/6/61 to present Total Cost: $244,938 FY '67 Cost: $58,624	Bionic Instruments, Inc. 221 Rock Hill Road Bala Cynwyd, Penna. 19004	J.M. Benjamin J.A. Benham D.R. Bolgiano E.D. Meeks	To construct a typhlocane employing filament-reinforced materials of superior mechanical properties, and fitted with three gallium arsenide laser systems: one to probe space ahead at the head and shoulders height to give warning of impending overhanging obstacles: a second to range ahead to give early warning through a tactile indicator of obstacles beyond cane reach: the third to monitor the terrain to give early warning of large drop-offs like stairwells and platform edges. A first operating model was demonstrated in Dec. 1966, an improved two-section collapsible model was built in 1967, and seven or more of the latest model will be delivered in 1968 for use in a clinical application test program. Some work is also being done in application of new materials to ordinary and collapsible non-electronic typhlocanes.

U.S. VETERANS ADMINISTRATION, PROSTHETIC AND SENSORY AIDS SERVICE RESEARCH ON AIDS FOR THE BLIND (Continued)

Continuation Projects

PROJECT NUMBER	IDENTIFICATION DURATION AND COST	ACTIVITY ADDRESS	PRINCIPAL PERSONNEL	PURPOSE
V1005P-365-A	Optophone trials 10/15/64 to present Total Cost: $11,855 FY '67 Cost: $573	Amer. Cent. for Research in Blindness and Rehabilitation 770 Centre Street Newton, Mass. 02158	L.H. Riley, M.D.	To determine the performance attainable by blind individuals with the Battelle and other optophones.
V1005P-376-A	Evaluation of the Kay Guidance Device 5/11/65 to present Total Cost: $47,925 FY '67 Cost: $9,858	Amer. Cent. for Research in Blindness and Rehabilitation 770 Centre Street Newton, Mass. 02158	L.H. Riley, M.D.	To evaluate the ultrasonic aid for the blind developed by L. Kay, Ph.D. and built in 1964 by Ultra Electronics Ltd., London, England. The closely controlled phases of this evaluation have been completed and reported on in 1966. Currently a report is being compiled on the post-1966 work done under less structured conditions in home and field.
V1005P-5321	Spelled Speech 11/1/60 to present Total Cost: $58,479 FY '67 Cost: None	Metfessel Laboratories 5100 Victoria Avenue Los Angeles, Calif. 90043	M.L. Metfessel, Ph.D. C. Lovell, Ph.D.	To develop an audible output for a reading machine for the blind operable on a letter-by-letter basis. The final contract-termination report has not yet been completed.
INTRA-VA	Staff work in VA R&D Div., PSAS	Research and Development Division Prosthetic and Sensory Aids Service 252 Seventh Avenue New York, N.Y. 10001	E.F. Murphy, Ph.D. H. Freiberger	The work of the Division includes INFORMATION DISSEMINATION (Papers in professional journals, correspondence with others in the field, maintenance of a reference collection, bibliographic activity, publication of a bulletin, arranging conferences, presenting talks), CONTRACT SUPERVISION, and limited in-house RESEARCH.

U.S. VETERANS ADMINISTRATION, PROSTHETIC AND SENSORY AIDS SERVICE RESEARCH ON AIDS FOR THE BLIND (Continued)

PROJECT NUMBER	IDENTIFICATION DURATION AND COST	ACTIVITY ADDRESS	PRINCIPAL PERSONNEL	PURPOSE
V1005P-977-A	Correspondence Courses - Training of Blind and/or Deaf-Blind 8/18/67 to present Total Cost: $1,217	Hadley School for the Blind 700 Elm Street Winnetka, Illinois 60093	D.W. Hathaway M. Butow	To develop and validate correspondence courses for training of blind and/or deaf-blind persons in the use of personal-type reading aids. Initial emphasis is on development of materials useful for screening by correspondence prospective students for more extensive in-residence training at a school or center.
INTRA-VA	Clinical Application Program in Reading and Mobility Aids for the Blind 7/1/67 to present Total Cost: $10,000	Central Rehabilitation Section for Visually Impaired and Blinded Veterans VA Hospital Hines, Ill. 60141	J.D. Malamazian H.L. Lauer	To transfer research results to clinical practice as rapidly as feasible; to train veterans and staff in the use of these new devices; to obtain information about the devices to aid in improving new designs.

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V1005M-1253 Gaitenby, Jane H., “Rules for Word Stress Analysis for Conversion of Print to Synthetic Speech,” paper presented at the 74th Meeting of the Acoust. Soc. Amer., Miami Beach, November 15, 1967. [To be published in The New Outlook for the Blind.]

Mattingly, I.G., “Speech Synthesis by Rule as a Research Technique,” paper presented at the 73rd Meeting of the Acoust. Soc. Amer., New York, N.Y., April 19, 1967.

Mattingly, I.G., “Experimental Methods for Speech Synthesis by Rule,” paper presented at the 1967 Conference on Speech Communication and Processing, Air Force Cambridge Research Laboratories, L.G. Hanscom Field, Bedford, Mass., November 6-8, 1967.

Cooper, F.S., “Haskins Laboratories: Research on Human Communication, Marine Ecology, and the Biochemistry of Protozoa, “Science, Vol. 158, No. 3805, pp. 1213-1215, December 1, 1967.

Studdert-Kennedy, M., and Cooper, F.S., “High-Performance Reading Machines for the Blind,” Proceedings of the International Conference on Sensory Devices for the Blind, St. Dunstan’s, pp. 317-342, London, June 1966.

V1005M-1914 “SENSORY AIDS FOR THE BLIND,” report and recommendations of the Subcommittee on Sensory Aids of the Committee on Prosthetic Research and Development, NRC, 56 pp., May 1967. [This report results from the discussions at a meeting of the Subcommittee held March 30-31, 1967 at the National Academy of Sciences, Washington, D.C.]

V1005M-1943 Smith, Glendon C., “A Recognition Type Reading Machine for the Blind,” paper presented in Session B at IEEE 8th Annual Symposium on Human Factors in Electronics, Palo Alto, Calif., abstract in Symposium Digest, Session B, p. 9, May 2, 1967.

Smith, Glendon C., and Hans A. Mauch, “The Development of A Reading Machine for the Blind,” Summary Report Contract V1005M-1943, Mauch Labs., Inc., covers period 7-1-66 to 6-30-67, 61 pp., June 30, 1967.

Smith, Glendon C., “The Development of Recognition and Direct Translation Reading Machines for the Blind,” Proceedings of the International Conference on Sensory Devices for the Blind, St. Dunstan’s, pp. 367-387, London, June 1966.

V1005M-9217 Benjamin, J.M. Jr., T.A. Benham, D.R. Bolgiano, and E.D. Meeks, Jr., “A Laser Cane for the Blind,” Digest of the 7th International Conference on Medical and Biological Engineering, Stockholm, page 364, 1967.

Benham, T.A., “The Bionic Instruments Travel Aid,” Proceedings of the International Conference on Sensory Devices for the Blind, St. Dunstan’s, pp. 255-274, London, June 1966.

V1005P-365-A Riley, Leo H., “Determination of Performance Attainable with the Battelle Optophone,” Proceedings of the International Conference on Sensory Devices for the Blind, St. Dunstan’s, pp. 417-425, London, June 1966.

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THE BEST OF THE PAST
FOR THE PRESENT:
NO. FIVE OF A SERIES
OF REPRINTS

ROBERT B. IRWIN: A PORTRAIT

By Berthold Lowenfeld

"Few men in our century have so firmly grasped and so tenaciously held on to the opportunity for a dedicated life as did the late Robert B. Irwin, whose untimely death last month leaves the world of the blind the richer for his influence and the poorer for his passing. Of all the great leaders of the blind, none has more brightly illumined their pathway, none has more richly endowed their spirit, none has more ardently championed their right to a fuller and better life and an equal share in life's opportunities. His own life was literally strewn with the milestones which mark his achievements in advancing the progress of his fellow blind. There is no remote corner of our vast country whose men, women and children without sight are not the better for his ceaseless fight for a new and brighter dawn."

These were the words which Alfred Allen, then the Secretary General of the American Association of Workers for the Blind and himself a great leader, wrote in the *New Outlook for the Blind* shortly after Dr. Irwin's death on December 12, 1951. They were written in grief, but the distance in time between then and now has more than confirmed what he expressed.

Robert B. Irwin, born on June 3, 1883, moved at an early age with his family from Iowa to a small community, Vaughn, Washington, located on the Puget Sound. When he was five years old he became blind as a result of an eye inflammation and because medical services could not be secured in time. At seven years of age, he entered the state school for the blind. He used to tell in his later years with relish and some justifiable pride that he graduated from a "School for Defective Youth" which was then the name of what is now the Washington State School for the Blind. He worked his way through the University of Washington by selling stereo views and other items, as well as by operating a cigar stand.

Began in Cleveland Schools in 1910

In 1907, he received his Master of Arts degree at Harvard University where he had studied on a scholarship. He continued there for two more years and concentrated on the education and welfare of the blind as well as on government and history, thus acquiring a basic fund of knowledge on which he was to build his professional career. This he began in 1910 by being appointed Supervisor of the classes for the blind in the Cleveland Public Schools, where he also organized classes for partially seeing children in 1913. The pattern he set in Cleveland influenced educational provisions for visually handicapped children for many decades to come.

Irwin always retained his interest and predilection for the Cleveland Society for the Blind, the Cleveland Public School provisions for visually handicapped children, and for the many friends he made during the time of his first professional position in that city.

In 1914, Irwin put himself on the "historical map" of the education of the blind by making the first adaptation of an intelligence test for use with blind children. He went to

Vineland, N.J., where Dr. H.H. Goddard was engaged in translating and adapting for American use the Binet-Simon Individual Tests of General Intelligence from the original French edition. Irwin, assisted by Dr. Goddard, adapted these tests so that they "might be used more appropriately with the blind." Thus Irwin really became the "father" of intelligence testing for the blind in the United States, of which Dr. Samuel P. Hayes later became the great perfecter.

After ten years' work in Cleveland, Irwin was called to New York to become the Director of Research and Education of the American Foundation for the Blind, a national agency founded two years before under the auspices of the American Association of Workers for the Blind, with the generous support of Mr. M.C. Migel, for many years its President. According to Irwin's account, "the new department was looking around for a significant research problem with which to launch its activities. Reduction in cost and bulk of braille books seemed the most challenging subject to tackle."

Under his leadership and with the assistance of a grant from the Carnegie Corporation, the development of an efficient interpoint braille printing machine was accomplished which reduced the bulk of braille books and their cost by about 40 percent.

Organized World Conference on Work

In 1929, Irwin was appointed Executive Director of the Foundation and between then and his retirement in 1949 he made it grow into the most important agency in work for the blind in the United States and perhaps in the world. One of his first concerns was the achievement of better international cooperation on behalf of all the blind in the world. To promote this cause, he organized the World Conference on Work for the Blind which met in New York in April, 1931. It stimulated international cooperation, but the political world constellation at that time interfered with the lasting effects which this conference could otherwise have had.

Many years later, in 1946, Irwin's interest in international work for the blind resulted in the organization of the American Foundation for Overseas Blind, as a replacement of the American Braille Press. Dr. Irwin became its Executive Director and the AFOB, with offices in New York and Paris, carried on a broad program of financial and advisory assistance to organizations for the blind in many countries. The AFOB and the National Institute for the Blind in London organized in 1949 the first post-World War II International Conference of Workers for the Blind which was held with the participation of the United Nations Organization and UNESCO in Oxford, England, at Merton College. Dr. Irwin was chairman of the Conference and high tributes were paid to him for his "unfailingly wise and genial chairmanship" and for his part in advancing the welfare of the blind on a worldwide scale.

The role which Irwin, as Executive Director of the American Foundation, played before and after the 1931 World Conference in resolving the schism in the area of braille which separated the British and the Americans, is described by him in the chapter, "The War of the Dots" which follows.

Brought Edison's Idea To Fruition

One of Irwin's greatest achievements was the introduction and establishment of the Talking Book as a reading medium for the blind. As a matter of fact, Thomas Alva Edison, who invented his Talking Machine in 1877, had foreseen its value for the blind when he wrote: "Books may be read by the charitably inclined professional reader, or by such readers especially employed for that purpose and the record of such book used in the asylums of the blind . . ." (Edison, T.A. "The Phonograph and Its Future," *North American Review,* May-June, 1878. Pp. 527-536).

Just as Louis Braille converted Charles Barbier's "Ecriture nocturne" (invented originally for military purposes) into the braille system of reading and writing for his fellow blind, so Robert B. Irwin brought Edison's idea to fruition by using 33-rpm long-playing records, long before they became commercially accepted, as Talking Books, and by promoting a nationwide system of library services to supply them to the blind in the United States.

In this, as in many other of his legislative efforts and achievements, he did not have the undivided support of those in work for the blind on his side, but had to struggle against sometimes powerful opposition.

Most of the time he was successful, but when he was not, his qualities of durability and elasticity made him accept facts or respond with alternatives that either saved the issue or made it acceptable in a changed version.

Employment of Blind Enduring Concern

Only a few of the many innovative legislative provisions in work for the blind for the introduction and passage of which his leadership was responsible, will be mentioned here. Perhaps the most important one among them which influenced the economic well-being of the largest number of blind persons in the United States, is the program of Aid to the Needy Blind under Title X of the Social Security Act. Its basic concept is a Federal program of grants-in-aid to states meeting certain requirements so that they can provide better financial assistance to the blind. Title X has gone through many revisions but its basic concept remains essentially unchanged. Later, in 1944, he secured, largely by his cogent and persuasive testimony, passage of a bill allowing the blind an additional exemption computing their Federal Income Tax, on account of increased expenses caused by their blindness.

Gainful and useful employment of the blind was his enduring concern. His active and, indeed, passionate leadership was instrumental in the passage of the three laws which provided, and still provide with various changes and amendments, the greatest stimulus to the employment of the blind. The Barden-La Follette Act (Public Law 113) made provisions for effective rehabilitation services for the blind under a Federal-State partnership; the Randolph-Sheppard Act authorized vending stand operation solely by blind individuals in Federal buildings; and the Wagner-O'Day Act required Federal departments to buy suitable commodities at fair market prices from workshops for the blind. As a result of the last-mentioned law, National Industries for the Blind was created in 1938 as an affiliate of the American Foundation for the Blind, functioning as the liaison between Federal departments as purchasers and workshops for the blind as producers.

When the second World War required special provisions for war-blinded personnel, it was Dr. Irwin who wrote the bill and secured its passage as Public Law 309. It is considered "a bill of rights for blinded veterans."

High Intelligence . . . Strong Perseverance

From all these accomplishments, one can deduce certain facets of this man's personality, such as high intelligence, strong perseverance, willingness to compromise but always upholding principles, empathy particularly with those who also experienced a visual impairment, and the undefinable quality of evoking loyalty on the part of his co-workers. But there were other characteristics which endeared him to his friends. He was a congenial man, always ready to enjoy a good story and responding to it with a laughter that still rings pleasantly in my ears.

His ready and imaginative wit, as well as his sense of proportion, were exemplified by his response when someone brought him an Irwin coat-of-arms with a motto which, strikingly enough, was "The Same in Sunshine and Shadow." After thinking about it, he remarked, "That's interesting. And have you noticed that Irwin in braille is the same upside down as it is rightside up?" (   )

It was a great pleasure to be invited to his beautiful home on Pompton Lake, N.J., usually for a weekend, and to enjoy Mrs. Irwin's and his wonderful hospitality. He loved to walk but was not an "independent traveler" since he almost always traveled with someone or used a taxi. "I need my energies for more important things," was his explanation. He was also fond of rowing and fishing and for both activities Pompton Lake offered handy opportunity. The Irwins had no children of their own, but both of them were very fond of children and bestowed their love also on their little dog who had a very pleasant life and was thoroughly pampered by them. Irwin also was a collector: stamps, books—particularly rare ones on the blind, money—for the American Foundation for the Blind, for the American Foundation for Overseas Blind, and also for himself, and—though he hardly ever touched it himself, except for his "port-lemonade"—liquor of all sorts to be enjoyed by his friends.

Many Honors During Lifetime

But above everything else Irwin was a kind and compassionate man. This can be proven by many facts, but the writer knows from his own experience how great his concern was for those in work for the blind, and their relatives, who after 1933 and 1938 became victims of persecution in Central Europe. He would never have acknowledged this, but in writing about him I consider it my duty toward the historical picture of this great man to add in gratitude this facet of his personality.

Many honors have come to Robert B. Irwin during his lifetime. He was for four years President of the American Association of Workers for the Blind; he was named Alumnus Summa Laude Dignatus by the University of Washington, his alma mater; he was made a Chevalier of the Legion of Honor by the French Government, and he received an honorary Doctor of Laws degree from Western Reserve University in Cleveland "in recognition of his local, national, and international service in behalf of the blind." The citation, and this portrait, end with the statement: "Mr. Irwin is not only our nation's greatest living blind man; he is also a great humanitarian and a great citizen."

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"THE WAR OF THE DOTS"

(A chapter from the book, *As I Saw It,* by ROBERT B. IRWIN, published by American Foundation for the Blind in 1955).

The long struggle to achieve a uniform type for the blind will be remembered by anyone who was active in work for the blind in the final years of the nineteenth century and the first three decades of the twentieth. At the height of the struggle, one outstanding educator of the blind, Dr. Olin H. Burritt, said of the situation, "The conflict was acrimonious in the extreme. The bitterness can hardly be imagined."

Dr. Irwin, although too young to be involved in the first violent battles, was a spectator watching and waiting for his turn. He soon became an active participant in the deliberations, and finally, he was in the forefront among the American delegation that successfully brought about the establishment of Standard English braille for all English-speaking countries in London in 1932.

These developments made Dr. Irwin feel that his history of work for the blind must begin with the story of the development of a uniform type for the blind, even though his plans for the book had certain limitations as to the period of time to be covered.

Social workers often complain that blind people are a difficult lot to deal with. When one considers how cheerfully most of them have adjusted themselves within the span of a single lifetime to such changes in their reading codes as from Boston linetype to New York Point, New York Point to American braille, American braille to Revised braille grade 1½, and finally from grade 1½ to grade 2, it must be admitted that sweet reasonableness must characterize a large percentage of finger readers. What an outcry would be heard in this country if the seeing public had been forced to make a similar series of accommodations!

While it is not the purpose of this book to go into history of work for the blind much before 1900, some account of the origin of types for the blind in the United States will not be out of place.

The founders of schools for the blind in this country turned to Europe for special appliances and special methods. In the early 1830's when the three mother schools for the blind were founded in Boston, New York and Philadelphia, the common type in official use on the other side of the Atlantic was embossed Roman letters more or less simplified to make them more tangible. Their virtue as compared with arbitrary codes seemed to be that they could be read by sight by the seeing teachers with no special instruction. Furthermore, it was contended that the blind people, by using a type similar to that of their seeing associates, were set less apart from the rest of the world.

While Louis Braille had already published an exposition of his dot system in 1829, it had no official standing anywhere and it is not clear that our earliest American pioneers knew anything about this code. However, in 1860, Dr. Simon Pollak, a member of the Board of the Missouri School for the Blind, who had observed the system in use in Europe, brought it back to America with him and caused it to be officially adopted by this school.

In the early 1860's William Bell Wait, then a teacher and superintendent of the New York Institution for the Blind, as it was then called, realized that a considerable portion of blind children had great difficulty in learning to read embossed Roman letters and a still higher percentage of those blinded in adult life could not learn to read it at all. Accordingly, he turned his attention to the promotion of some dot code that would be more tangible. In Philadelphia, Roman letters printed with dotted lines were being used to some extent, but it was not practical for blind people to write embossed Roman letters whether smooth or dotted.

Mr. Wait writes that he first asked the heads of schools for the blind in Boston and Philadelphia to join him in supplanting the Roman letters with Braille's code which was in use at the Missouri School for the Blind in St. Louis. As he received no encouragement from his colleagues he turned his attention to the perfecting of a dot code which he felt would be even superior to braille and published it in 1868.

This system, New York Point, was endorsed and recommended for use in the schools for the blind in the United States at the meeting of the American Association of Instructors of the Blind in 1871.

The braille system consists of arbitrary characters standing for the letters of the alphabet, numerals, punctuation, etc. All of these characters can be made with one or more dots punched in what is known as a braille cell, two dots in width and three dots in height. As on the typewriter, each letter takes the same amount of space.

Mr. Wait, on the other hand, felt that braille was wasteful of space and so he developed a system of arbitrary characters occupying a space two dots high and extending horizontally to one, two, three or four dots in width. This type had what is known as a variable base, that is, a letter one dot wide used only one dot in width; a letter two dots wide used only two dots in width; and a letter three dots wide used three dots in width, etc. This resulted in a definite saving of space. However, lower case letters in New York Point were converted into capitals by a complicated system of adding dots under certain conditions, to make the letter four dots wide. This was so cumbersome that publishers almost never used capitals in their books.

When Louis Braille assigned a significance to a braille character he did not take into account the relative frequency of recurrence of that letter. For instance the character for "t" contains four dots and the character for "a" contains but one dot in spite of the fact that the letter "t" occurs in most languages more frequently than the letter "a."

This deficiency encouraged still another American to work on a dot system that would be superior to Braille's original code. Joel W. Smith, a blind piano tuning teacher at Perkins Institution for the Blind in Boston, felt that letters made in a cell three dots high and two dots wide could be read more easily and written more rapidly than Mr. Wait's

New York Point system. In order to gain for a system written in the braille cell some of the advantages claimed for New York Point he worked out a rearrangement of Louis Braille's characters. To save effort in writing he assigned the characters having the fewest dots to the letters recurring with the highest frequency in the English language. To keep down the bulkiness of embossed books he evolved a set of word contractions, assigning characters to them on the same frequency of recurrence principle. This new type he called Modified braille. Smith expounded his system before the American Association of Instructors of the Blind in 1878. However, New York Point was already the officially adopted type of the association. Mr. Wait and his friends gave the young mild-mannered Smith pretty harsh treatment at this meeting.

Modified braille was used more or less by the pupils of Perkins Institution but little more was heard of it outside of Boston for another decade. The official type at Perkins remained the simplified Roman alphabet, commonly called Boston linetype, in spite of the fact that it was difficult to feel and impracticable for the blind to write.

Louis Braille's system made little more progress outside of Missouri than did Modified braille. Blind pupils in some of the schools, notably in Illinois, used it for personal purposes but officially it was frowned upon as being an heretical competitor of the orthodox New York Point and the appliances for writing it were confiscated by the school authorities.

In 1890 there came onto the type scene as superintendent of the Pennsylvania Institution for the Instruction of the Blind in Philadelphia, a young man who was destined to play a stellar role in the whole type controversy. He was Edward E. Allen who had formerly taught in the Royal Normal College for the Blind in London where an English adaptation of Louis Braille's system was in use. From London he had gone to Boston as a teacher in Perkins Institution. There he became familiar with Smith's Modified braille which was in use for manuscript purposes. He liked the scientific basis on which ordinary lower case letters could be converted into capitals by prefixing two dots in the bottom of the preceding cell.

Mr. Allen found New York Point in official use at Philadelphia when he arrived there. Though, as he said, the teachers did not like the system, he retained it for two years because it was the only dot type in which books could be obtained from the government-supported American Printing House for the Blind.

In 1892 a group of seven or more superintendents of schools for the blind met at the time of the Brantford, Ontario, convention of the American Association of Instructors of the Blind under the chairmanship of Michael Anagnos, Director of Perkins Institution. This group was dissatisfied with New York Point and decided to adopt some form of braille. They appointed a subcommittee consisting of Dr. John T. Sibley of the Missouri School for the Blind, Joel W. Smith and Edward E. Allen, to decide which braille alphabet to adopt in America. After some discussion, all but one, Dr. Sibley, decided to use Modified braille in spite of the fact that no books in this type were available. In 1900 this type was renamed American braille on the suggestion of Dr. Sibley.

At this time considerations regarding the mechanics of printing for the blind were interjected into the type question. So far, embossed Roman letters known as linetype, and New York Point had been printed with movable type from which stereotype plates were sometimes cast. In England braille books had been printed from metal sheets punched out on a rugged braille writing frame with a heavy stylus and mallet. The author at one time had the privilege of shaking hands with Mr. John Ford who had, over a period of thirteen years, punched out the entire Bible by this method.

Modern printing for the blind may be said to have begun in 1892 when Frank H. Hall, superintendent of the Illinois School for the Blind, demonstrated his recently developed braille typewriter before the American Association of Instructors of the Blind at Brantford. This device tremendously speeded up the writing of braille. A good writer with a slate and stylus can seldom write more than from ten to twenty words a minute, whereas a proficient braille typewriter operator may, with a reasonable amount of practice, write two or three scores of words per minute.

From the development of a braille typewriter for writing on paper it was only a step to the development of a more powerful machine for embossing on sheets of brass, zinc or iron. This machine was called the braille stereo-typemaker and was exhibited at the Columbian Exposition in Chicago in 1893. The printing process was simple. The embossed metal sheets were covered with tough, heavy paper about twice the thickness of ordinary book paper, and upon this was laid a rubber blanket. The whole combination was then inserted in a press, and pressure applied. When the paper was removed, it was covered entirely with braille printing.

With the advent of Hall's stereotypemaker Mr. Allen set up a braille printing shop in his school in Philadelphia and several other schools followed, notably the Illinois School for the Blind. Embossed braille plates from these schools were sometimes deposited with the American Printing House for the Blind so that books could be made from them and sold to the various schools who wished to purchase them.

For many years a feud had raged between the sponsors of American braille and of New York Point. This feud, which was of such vital importance to the blind readers, became the basis of a bitter, personal controversy between seeing leaders on either side. One who had not witnessed the heat which was engendered by the debates on the so-called type question cannot realize how bitter these discussions could become. A superintendent of a school for the blind, who had originally favored the use of New York Point in his school, after considerable study switched over to the use of braille. When he came to the national convention of instructors the following year he found that some of his old New York Point associates refused to sit next to him at the luncheon table. In the light of this feeling on the subject, one can easily imagine the exultation among the braillists at the appearance of Frank Hall's braillewriter since it was impracticable to write New York Point on this machine.

Years later Mr. Wait, in telling the author about the Brantford convention, said that after examining the braillewriter he realized that New York Point was doomed unless an equivalent machine for writing his type could be perfected. He therefore went to work on this problem, and within a few months produced a typewriter for writing New York Point, which was christened the Kleidograph.

Mr. Wait further said that he had no sooner announced this machine than he had another surprise awaiting him, the braille stereotypemaker. Anyone who has had the experience of developing rather complicated mechanical appliances is amazed at the shortness of time that was required for adapting the Kleidograph to embossing on metal sheets. This extended the life of New York Point for another generation. We sometimes mourn the waste of time and money in this prolonged type dispute. However, it was not without its blessing. The competition between the backers of the two systems stimulated the development of improved appliances which might otherwise have been long delayed.

The advocates of the two rival systems worked hard at raising money from private as well as public sources to build up libraries in their favorite types. To Mr. Wait, who had labored for more than thirty years to perfect New York Point and who at one time had seen nearly every school for the blind in the United States using it as its official code, the controversy became very personal. Had New York Point survived, his name would have gone down in history alongside that of Louis Braille. As it turned out, he is today remembered as a very able and relentless leader among educators of the blind who died a disappointed, embittered old man. One of his greatest disappointments was the adoption of braille as the official system to be taught in the New York Public Schools.

In 1909 when plans were being made for the new day school classes for the blind in the New York Public Schools the thorny question of what tactile type to use in these classes came up for decision. There was so much feeling on the subject, especially in the city of New York where New York Point had its birth, that the Board of Education wisely decided to hold a public hearing and let the advocates of the two systems present their cases before a committee of the Board.

There were two hearings held, the first on March 24, the second on May 18. The time allotted to the first hearing was two and a half hours and was equally divided between the factions, New York Pointists having the first half. This gave the Point people no time for rebuttal and the protests were so violent that a second hearing was held.

William Bell Wait marshalled his witnesses in behalf of New York Point while Miss Winifred Holt, founder of the New York Association for the Blind, rallied the American braille forces. Behind this hearing, as the initiated realized, was a background of a long-standing feud between Miss Holt and Mr. Wait which had little or nothing to do with blind people's reading. Mr. Wait objected to Miss Holt's publicity methods, and Miss Holt was very critical of Mr. Wait's school for not taking more interest in the vocational prospects of its pupils.

Such authorities as Mr. Wait himself; Mr. John F. Bledsoe, Superintendent of the Maryland School for the Blind; Benjamin Berinstein who was then a young blind college student, and other New York Point stalwarts testified passionately in favor of New York Point.

Miss Holt persuaded such braillists as Frank H. Hall, inventor of the braillewriter, who long since had left work for the blind, to come to New York to testify. With him were such well-known personalities as George W. Jones, then superintendent of the Illinois School braille printing department and braille member of the Uniform Type Committee of the American Association of Workers for the Blind; Olin H. Burritt, then superintendent of the Pennsylvania Institution for the Instruction of the Blind; John B. Curtis, sightless supervisor of classes for the blind in the Chicago Public Schools, and others. Edward E. Allen, then director of Perkins Institution, was absent in Europe or he would doubtless have been one of the star witnesses.

Helen Keller, who has always avoided needlessly involving herself in controversies which might prove acrimonious, was not present, but she did write a letter to A. Emerson Palmer, Secretary of the New York Board of Education, which was read at the hearing.

The hall in which the hearing was held was packed to overflowing with backers of the two systems. Charles F. F. Campbell, son of the famous Sir Francis Campbell of the Royal Normal College for the Blind in London, England, and editor of the *Outlook for the Blind,* came down from Massachusetts with several others to witness the spectacle. A whole delegation came from Philadelphia, another from Baltimore, and local braille and New York Point fans listened eagerly. The author well remembers the breathless silence with which the audience hung on the words of the witnesses.

Backers of the respective systems burst into applause as telling points were made for their favorite type. The committee on types of the Board of Education must have been puzzled over the manifest public interest in this highly technical subject.

Both sides stressed for the most part the economy and flexibility of their systems. In New York Point a given number of words occupies substantially less space than in American braille. Mr. Wait made the most of the spacesaving qualities of this type even to the point of exaggeration. He also directed attention to the fact that the available library of New York Point books was much larger than that in braille.

The advocates of American braille made a rather impressive showing by recounting the schools for the blind which had abandoned use of New York Point in favor of American braille indicating a strong trend toward the newer system. One of their strongest arguments was that, as New York Point publishers made little or no use of their cumbersome capitals or their four-dot long hyphens and apostrophes, most books were published without using any of these signs.

Studies based on tests made with a very few subjects claimed evidence in favor of braille, which was used effectively at the second hearing. However, the most telling blow that was given New York Point occurred at the first hearing. It was an exhibit offered by Frank Hall which showed two copies of a title page of a book in ink type, one entirely without caps as it would appear in New York Point and one correctly capitalized as it would appear in American braille.

Mr. Hall also showed an exhibit in ink type with apostrophes and hyphens omitted. Much was heard in those days of what was termed the "illiteracy" of New York Point which, when translated into ink type, made New York Point books look like very poor models of English to place in the hands of blind children.

Helen Keller's letter to Mr. Palmer summed up much of the argument in behalf of American braille. It reads as follows:

"My Dear Sir:

> I regret that I cannot appear at the hearing before the Board of Education of New York City on March the 24th. I have been deeply interested these many years in the question of raised types, not so much for my own advantage (I read all the systems) as for that of the large number of blind persons who may not share my good fortune. I understand that you are to consider the relative merits of American braille and New York Point. Between these two systems, it seems to me, there can be no question when the facts are all properly presented to you.
>
> "I have always found New York Point a difficult, unsatisfactory system. I object to it as it appears in most books which I have seen because it does not use capitals, apostrophes and hyphens. This sometimes spoils the sense for the reader. But it has a worse effect upon the young pupil. He is liable to get an imperfect idea of capitalization and punctuation. I have received letters written on the ordinary ink typewriter from blind persons which contained errors significantly like the defects of New York Point, and I cannot but believe that this illiteracy is traceable to their habitual use of a defective mode of punctographic writing during school years.
>
> "It is true, the makers of New York Point have devised capitals; but it is noteworthy that this very winter the State Library at Albany was trying to

decide upon a suitable capital sign. Forty years after this system was supposed to be 'perfected,' it is still in an undecided state! The capitals, when they are used, are not always unequivocal. I have often mistaken D for j, I for b and Y for double o in signatures, and I waste time looking at initial letters over and over again. I am not satisfied with the signs for hyphen and apostrophe that I have found because they are cumbersome. It is possible to mistake the apostrophe for ou, especially in proper names.

"New York Point is much harder for me to read than American braille. It wears my reading finger more to travel over letters three dots wide and two high as they are in New York Point than over letters two dots wide and three high as they are in American braille. Also, it is a most trying task to decipher many letters which I get in New York Point. The writers evidently have trouble either with the system or the machine. Of the letters I receive in the two systems, a far larger proportion are well written in American braille.

"I note, too, that in the great world of the blind New York Point is a provincialism. The machines for it are made only in New York, and write only New York Point. On the other hand, machines for braille are made in Germany, France, England and America. I have owned American and German braillewriters which place me in communication with people all over the world.

"I am sure that in all important respects American braille is superior to New York Point because it meets completely the needs of capitalization, punctuation, legibility and physical ease of reading.

"With high regards, I am

Respectfully yours,

(signed) Helen Keller"

One of the high points of the evening for the writer was the effect the hearing had on his companion, Charles F. F. Campbell. While Charlie was more in sympathy with English braille than with either of the American systems, he dearly loved a good fight. He had suggested to the writer that they find a secluded corner where they could listen unobserved. Being the editor of the *Outlook for the Blind* he felt he should hold a neutral position. Except when presenting a matter in written form where words could be carefully weighed, a neutral role was a very difficult one for him to play as he was always enthusiastic about anything in which he believed.

When the exhibit of the two title pages was placed on the blackboard and the stunning effect of its appearance on the seeing members of the audience was evident, Charlie threw his arms around the author and added to the applause a burst of laughter which might have been termed a whoop! Charles had hoped his presence in the room would not be noticed but this now became a vain wish as every worker for the blind knew his expressive laugh. Friends and enemies alike (and he had both of a plenty) exclaimed in an audible whisper, "Charlie Campbell is here!" This is mentioned because it was so characteristic of this exuberant man who had such a profound influence on work for the blind during the first two decades of the century.

After mature deliberation the committee of the New York Board of Education finally handed down its decision in favor of American braille.

Most of the money for educational books for the blind comes from the United States Government. The federal appropriation for school books is made to the American

Printing House for the Blind of Louisville, Kentucky. This institution, which is today the largest embossing plant for the blind in the world, is governed by a board of trustees on which the superintendent of every publicly-supported school for the blind in the United States is ex officio a member. In addition there are seven lay board members residing in Kentucky. From these lay members the president is invariably selected, and they constitute the executive committee which handles the day-to-day business of the institution.

As long as most of the superintendent board members were advocates of New York Point, they had been able to prevent any of the federal money being used for publishing in braille. This forced the schools using braille to rely upon private philanthropy, or upon state appropriations for their books.

In 1910, however, it was evident that the forces of New York Point and the braille advocates on the board were nearly equal in number. This resulted in what at the time looked like a smart maneuver on the part of New York Pointers to preserve the New York Point monopoly on government funds.

It had been customary, since 1880, for the American Printing House for the Blind to hold a meeting of its board of trustees at the same place and time as the biennial convention of the American Association of Instructors of the Blind. This saved the superintendents attending the conventions the expense of going to Louisville to attend the annual meeting of the Printing House those years. In 1910 nineteen of the superintendents of schools using braille petitioned Colonel Andrew Cowan, President of the American Printing House for the Blind, to hold its usual board meeting that year at Little Rock, Arkansas, immediately following the convention of the American Association of Instructors of the Blind. Shortly before Mr. Benjamin B. Huntoon, Superintendent and Secretary of the American Printing House, sent out a letter announcing that it had been found to be illegal for the American Printing House as a Kentucky corporation to hold its board meetings outside of the state. To the braillists this seemed to be a sharp move. Several of the superintendents lived on the Pacific Coast, and meeting the cost of going to Louisville from Little Rock would be a hardship for them.

When the superintendents gathered for the convention that year, emotions were running high. Since 1902 it had not been customary at these conventions to hold any public discussions on the type question. Experience had shown that the acrimony engendered made calm deliberation on educational problems well-nigh impossible. However, it was decided to disregard the old custom and bring into an open meeting the whole question of braille versus New York Point, as well as the sudden discovery of the illegality of American Printing House board meetings being held outside the state of Kentucky. The braillists had long looked forward to the time when they would have a majority on the board. They then could demand and would be able to force the allotment of a certain proportion of the federal appropriation for the embossing of braille books. Now it looked as if this opportunity might be snatched from them, for the year at least, through what seemed to many of them like a trick.

Those who attended the 1910 meeting will never forget the debate which was held in that hot, humid room in Little Rock that afternoon, late in June. Feeling ran so high that it was hard to find a member of the association whom they all could trust to preside. However, they finally selected a rugged old Hoosier, George Wilson, Superintendent of the Indiana School for the Blind, who had the reputation of rock-bound integrity. He professed to be entirely openminded on the subject of braille and New York Point. After careful study he had chosen for his school the braille system of music notation, while New York Point had been selected for literary purposes.

It was not an easy task to preside over this assembly. On one hand there was a group fearing that their favorite New York Point type was about to go down to defeat at the hands of an ill-advised group of newcomer braillists, and, on the other hand, a group of braillists who saw themselves about to be swindled by a technicality out of an opportunity to have government money made available for books in their type.

As the gentlemen assembled one could feel the tension in the air. It was decided that no questions would be barred at this meeting and that no punches would be pulled. Mr. Huntoon, who had exploded the legal bombshell, became both the target of criticism and the defender of the American Printing House for the Blind.

Everybody wanted the floor, so it was ruled by the chair that no one could speak more than once, until everybody else had had a chance. In fairness to the Printing House, it was also ruled that its superintendent might answer questions regardless of the number of times he had had the floor previously. Mr. Huntoon was, at that time, a zealous, elderly man who believed earnestly in New York Point. He was one of probably not more than ten per cent of the group who could personally read either system. As the author looks back on that meeting he remembers the eagerness of Mr. Huntoon to bring out certain points. Since he could not personally raise these points, except in answers to questions, he would appeal to the chair in his high-pitched voice to have someone ask him "the following question." Finally, Mr. Huntoon objected to one of the questions which seemed to reflect unfairly upon him and his institution. He said that he would not "waste his breath on a jackass like the questioner." The chairman ordered him to withdraw that remark or he would suspend the discussion immediately. After a tense minute or more, Mr. Huntoon rose slowly to his feet and said, "Having delivered myself of the epithet, I now gladly withdraw it." This broke the tension and the meeting burst into prolonged laughter which seemed to give everyone as much relief as Mr. Huntoon's epithet had afforded him.

As a result of the discussion the braillists all determined that they would attend the Louisville board meeting the following day even if they had to ride home on brake beams. A special sleeping car was reserved for them and the annual meeting at Louisville had a record attendance that year.

Regular business of the Louisville meeting was disposed of with the customary dullness that characterizes most annual board meetings. Finally, under new business, the motion for which everyone was waiting breathlessly was made, taking the form of a proposal that forty per cent of the government appropriation be expended on the publication of American braille books. The vote was a tie. This left it up to the chairman of the meeting, Colonel Andrew Cowan, a local businessman of very high repute, to cast the deciding vote. Mr. Huntoon implored him in a whisper to kill the motion. Colonel Cowan disappointed his New York Point friends by stating that the motion seemed like a reasonable request since forty per cent of the pupils represented by the superintendents were in schools which had officially adopted American braille. He cast the deciding vote in favor of the resolution, and one can easily imagine the chagrin of the New York Point members. From that time on, forty per cent of the federal appropriation went for American braille books until Revised braille completely supplanted both of the contending systems.

Meanwhile the blind people, who were the real sufferers as a result of the controversy, had become heartily disgusted with the fight going on between superintendents of schools for the blind, few of whom could read either system.

In 1901 the American Blind People's Higher Education and General Improvement Association at its Kansas City convention passed a resolution which read as follows, "That a committee be appointed to investigate the various forms of tactile print, and to labor for the adoption of some one universal system."

In 1902, pursuant to this resolution, the Tactile Print Investigating Commission was created, consisting of four members, and chaired by Ambrose M. Shotwell, a blind man who was braille printer of the Michigan School for the Blind and later braille printer and librarian of the Michigan Employment Institution for the Blind in Saginaw. A prominent member of the commission was John B. Curtis, also sightless, who was supervisor of classes for the blind in the Chicago Public Schools which operated a small braille printing shop.

The Tactile Print Investigating Commission, handicapped by lack of any funds with which to work, conducted a few tests to ascertain the relative legibility of letters having a few dots as compared with letters having many dots. It also made a few tests designed to determine the relative legibility of words containing letters of one and two dots in height and one and two dots in width. The number of subjects tested were too few to more than suggest conclusions which were later arrived at after testing several hundred readers.

Before the commission wound up its affairs it also endeavored unsuccessfully to get the British Braille Committee to cooperate with it. The principal achievement of the commission was that of focusing the interest of a larger number of thoughtful blind people upon the desirability of the adoption of a uniform type based upon scientifically demonstrated principles.

In 1905 the successor to the American Blind People's Higher Education and General Improvement Association, the American Association of Workers for the Blind, at its convention in Saginaw, Michigan, received a letter from Charles W. Holmes, resident of Rock Island, Quebec, Canada, and President of the Alumni Association of Perkins Institution for the Blind, which is quoted in part because it expresses so well the feelings of thoughtful blind people at that time.

"I desire to . . . . present our views upon the great type question, which seems just now to be one of the most important and prominent before the consideration of the blind and their friends. The most lamentable fact in this connection is that we have at present five distinct codes of embossed print, and virtually subdivisions of some of them as well—since some books are printed with, and some without contractions. In order to avail himself of the full range of literature (which at best is woefully limited) the blind reader must learn, and keep well up in, all these codes. . . . How long would our seeing friends stand for such a state of affairs in ink type? Imagine for a moment the ridiculous situation that would arise, if the daily papers published in Boston had an entirely different system of characters from those used by New York publishers, and that a Philadelphia man could not read either without special training, because his own city had adopted a third, as unlike the others as the Chinese characters are unlike the Roman. . . . What we need, and must have, and will have if we but make up our minds to it, and stand by each other, is an international, universal code of embossed type for all English-speaking countries. . . . Will not this association which is a mighty power in the affairs of the blind in this country, put its shoulder to the wheel and see to it that the word to quit is not given till the wheel moves? . . . .

"It would be very acceptable to the advocates of braille, if that code could be taken as the basis of the universal code. New York Point supporters would feel the same satisfaction, if that system could be put to the front, and so with each of the five, no doubt. But in such an undertaking nothing can be accomplished unless all are willing to make concessions, cheerfully, and if necessary stand prepared to abandon their own individual choice, and abide loyally by whatever may ultimately be agreed upon by the majority . . . .

". . . . At present there are a good many books printed in more than one code, which is a needless waste of time and expense but is necessary under present conditions in order that the readers in different systems may have the privilege of reading them. Stereotyping is playing an important part in our printing now and is one of the strongest arguments for a universal code. When once the plates are stamped for a certain book, the additional expense of striking off a few hundred more copies is, comparatively speaking, very trifling. There already exists a most praiseworthy system of exchange of books among our printing houses and libraries. Let this continue and be extended systematically on both sides of the water . . . . Think what a great increase of literature there would be for the same total expense that is now laid out by the combined presses of England and America, and every book available to every reader, on both sides of the ocean.

"May I not urge upon you, my friends, that you give this matter your most serious consideration . . . . till the end is accomplished? We shall have opposition both from the blind themselves and from some of those in authority over them, no doubt; there will be more or less confusion and perhaps inconvenience for a time to the readers, but what great good was ever yet brought about . . . . without opposition and sacrifice? . . . . The time is now ripe for action; the English-speaking world, so far as the blind are concerned, is aroused. They are feeling their way toward a solution. If we let this opportunity pass, it may be years before another occasion so favorable will present itself . . . ."

Mr. Holmes also wrote a similar letter to the International Conference on the Blind which was held in Edinburgh the same year, in the hope of interesting British authorities in the subject.

The Tactile Print Investigating Commission was succeeded by the Uniform Type Committee of the American Association of Workers for the Blind which was set up by the following resolution at the 1905 convention at Saginaw, "That we favor the adoption of some one uniform type for use in schools and general reading, and that a committee of five be appointed to communicate with the British Braille Committee, and to continue the work heretofore assigned to the Tactile Print Investigating Commission." This committee consisted of the following, all of whom were blind: Charles W. Holmes, Elwyn H. Fowler, John B. Curtis, Lee N. Muck, Ambrose M. Shotwell. Two of the members were New York Point advocates, two American braille advocates, and the fifth soon became known to be partial to British braille.

The Uniform Type Committee began by stating that linetype was passing from the stage as a competitor. It recognized, however, that Moon type had a certain value for use by blinded aged and hard-handed persons. In this connection it was suggested that a dot system arranged in a cell three dots high and three dots wide and roughly resembling Roman letters might be superior in some respects to Moon type as it would be less expensive to manufacture by movable type, easier to learn, more tangible, and capable of being written by hand. This suggestion, however, never got beyond the academic discussion stage.

The committee decided to concentrate its study on the relative merits of the three point systems, American braille, New York Point and British braille. The problem was broken down into certain characteristic elements of the systems which could be compared one with another. It was hoped that the claims for the various systems were susceptible of scientific testing. For example, New York Point is a dot system in which no letter is more than two dots vertically, while horizontally it might be one to four dots. On the other hand, braille consists of one or more dots arranged within the braille cell, three dots vertically and two horizontally. Which is more legible?

Test sheets were prepared, each containing an equal number of characters. On one sheet these characters were one, two or three dots high; on the other sheet the same number of characters were arranged one, two or three dots in width. These characters were placed in lines as they would appear in an embossed book and grouped in from two to five characters such as might appear in words. Each character, of course, was the equivalent of a braille or a New York Point letter.

In administering the test a blind subject was asked to read the sheets and simply call out the number of dots in the character under his finger so that it made no difference whether or not he knew the letter for which it stood. A stop watch was held by an observer who followed on another copy of the test and the subject was directed to call the number of dots in these characters as rapidly as he could recognize them. It was felt that if the sheets having characters three dots wide (characteristic of New York Point) could be read faster or with fewer errors than the sheets with characters three dots high (characteristic of braille), a superiority for New York Point would be indicated. If, however, the characters three dots high could be read more rapidly than those with the horizontal arrangement of dots, a superiority for braille would be suggested.

Several scores of persons were tested in this way, and it was found that even in the areas where New York Point was the prevailing system the sheets with characters three dots high were read more rapidly.

Other tests were devised which, it was felt, would test other characteristics of the systems. Unfortunately, as in the case of the committee's predecessor, the members had little opportunity to get together because of the lack of working funds.

At the 1907 meeting of the American Association of Workers for the Blind a report was made which was inconclusive because data had been collected with so few subjects that the findings might conceivably be reversed if a larger number of readers were to be tested. The committee was continued. In 1909 the American Association of Workers for the Blind met in Columbus, Ohio. A report was submitted which, for the same reason, was not convincing to persons having a predisposition toward New York Point. It became known at this meeting that the two New York Point advocates on the committee had become so convinced of the superiority of braille over their former favorite system that they now were advocates of braille, so that the committee then stood four favoring American braille and one favoring British braille. The New York Point advocates who attended the convention were outraged at the betrayal of their favorite type. Dignified superintendents took the platform and denounced the committee, denounced its methods, denounced its motives, and, had congressional investigations then been the order of the day, they would probably have demanded either a congressional investigation of the subject or, at least, that a grand jury be called to search out the culprits.

To calm the turbulent waters, and on the motion of a braille advocate, it was voted that the number on the committee be increased to ten by adding five who favored New York Point. Among the newcomers were two who for several years were destined to play a major role in the settlement of the type question—H. Randolph Latimer, sightless member of the faculty of the Maryland School for the Blind, and Miss L. Pearl Howard, a young graduate of the Iowa State School for the Blind. Mr. Latimer withdrew soon after election, but rejoined the committee again in 1911.

Something of the spirit of the committee may be gathered from a recent interview between the writer and Miss Howard, who said, "When offered the appointment on the committee I asked if I was expected to work for the general adoption of New York Point or for a uniform type, whatever it might be. The reply was that I should work for a uniform type regardless of any predisposition I might have. This was all I wanted to know and I accepted service under those conditions. This decision may have cost me some of my Iowa friends who were in favor of the New York Point."

Little money, however, was made available to the committee, so that they had to depend for the most part upon their own slender purses to meet the costs of any investigations they might make. In the spring of 1911 the committee felt that it must try out relative legibility tests on more people. Accordingly, in spite of the committee's lack of funds, arrangements were made for Miss Howard and Mr. Elwyn H. Fowler and his seeing wife, Mary, to visit the New York State School for the Blind at Batavia where New York Point was the official embossed type. The purpose of this visit was quite as much to test the validity of some new tests as to assemble convincing data.

The next biennial convention of the American Association of Workers for the Blind was held in June 1911 at Overbrook, Philadelphia, in the assembly room of the Pennsylvania Institution for the Instruction of the Blind. The committee had little to report at that meeting beyond plans for more scientific study if at least $3,000. could be made available. It offered to raise $1,800. if those at the convention would show their faith in the committee by pledging $1,200. The committee's report consisted principally of an effort to impress upon the lay public and upon the seeing superintendents of schools for the blind the nature of the problem in hand, the tragic confusion of the whole affair to the blind, and the shamefulness of wasting money in the duplication of books in the various systems.

The committee selected a seeing man, Charles F. F. Campbell, to expound the report of the committee to the convention because he was known as one of the most ardent advocates of just treatment of the blind who ever lived. Charlie had a flair for presenting in a clear way problems of concern to the blind. It is fortunate that he was chosen for this task. He was more accustomed to public speaking than any of the members of the committee. As a seeing man he could plead that the seeing members of the association and the seeing public, to whom the type question was largely an academic one, give the committee of blind people funds with which to work.

The committee reported that they must have money enough to employ two agents, one blind and one seeing, to travel about the United States from one typical community to another, explaining the methods and objectives of the committee and, through tests, collect data which would eventually enable any fair-minded person approaching the subject dispassionately to decide upon a satisfactory code of embossed type.

The convention consisted of men and women of whom perhaps half were blind, and all of them were deeply interested in problems of vital concern to the sightless. Practically all of them were in very modest circumstances—some were teachers, some were broommakers, some were home teachers, some were small businessmen, some were dependent upon small pensions of one kind or another. However, this group represented the rank and file of blind people as well as of workers for the blind. Whatever decision they arrived at, while not binding upon anyone, would have a great moral influence on the thinking of those in control of agencies for the blind.

It was to this group that Mr. Campbell pleaded for funds to carry on the scientific study of a field in which thousands of dollars were wasted every year through duplication. Everybody agreed that duplication was wrong, but no one had enough data on which to base an argument for any one type which would be convincing to those predisposed to another.

Mr. Campbell made an impassioned appeal to this group for moral support, but, more importantly, for financial support. No evangelist ever made a more heartfelt plea. That little group of 330 men and women was thoroughly aroused. Charles W. Holmes, Chairman of the Uniform Type Committee, who then held a position in work for the blind in Massachusetts, announced that he would start the fund with $100., one month's salary. Others followed with smaller amounts. One man, who many present knew was living on a pension of $150. a year, pledged $5. Finally the Director of Perkins Institution for the Blind, an old advocate of American braille who felt that so far as he was concerned the question had been settled for twenty years, pledged $200. from the Howe Memorial Press, an organization affiliated with Perkins Institution. No million dollar pledge of a Rockefeller brought forth more enthusiastic cheers. At the end of an hour it was announced that $1,500. had been pledged. The committee then felt that with this show of confidence it could go forth and raise, from the general public, the additional $1,800. it had pledged itself to collect. Before the next meeting a total of $4,133.60 was raised. With the funds now in sight the committee could proceed with some real research.

Word of this meeting and its results spread over the entire community of the blind of the United States. It now looked as if the end of the type dispute was in sight. How little most of them realized that it would be another five years before anything even resembling uniformity would be found in the United States and that more than twenty-one years would elapse before they had a uniform type for the English-speaking world.

About this time Mr. M. C. Migel, a wealthy, retired silk manufacturer in New York City, who had long been interested in blind people, heard of the Uniform Type Committee's work. For twelve years he had given one evening a week to reading to blind men and women residents of the Society for the Relief of the Destitute Blind in New York City. He became very fond of many of the people who attended his reading circle, and one time brought back from England a braille book for one of the girls in the institution. Much to his amazement he found that she could not read it, not because she was illiterate, but because the book was in British braille and she was a reader of New York Point.

When he heard of the Uniform Type Committee and its efforts to bring some solution to the problem, he stopped in the reading room for the blind at the Library of Congress and asked Mrs. Gertrude T. Rider, the librarian in charge, if she thought money contributed to the Uniform Type Committee would bear fruit. A few days later Miss L. Pearl Howard and Mrs. Elwyn H. Fowler, representatives of the Uniform Type Committee, visited the library. While she felt that she could not expose Mr. Migel to a direct appeal from the committee, Mrs. Rider promised these representatives that she would suggest to Mr. Migel that he get in touch with them or with the chairman of the committee. A little later Mr. Migel called on Walter G. Holmes, managing editor of the *Matilda Ziegler Magazine for the Blind,* and learned that it was a source of great distress to him that he had to issue the magazine in two editions, one for those who read New York Point and one for those who read braille. He begrudged the waste of precious money. However, he had some doubts about the ultimate success of the efforts of the Uniform Type Committee. He had seen too much bitter controversy to allow himself to believe wholeheartedly that the committee could settle the question.

Mr. Migel posed this query to Mr. Holmes; would it be worthwhile for him to give a thousand dollars to the committee? Mr. Holmes said it depended on how much "one thousand dollars" meant to him, to which Mr. Migel replied that really a thousand dollars did not mean too much to him.

With the funds raised at Overbrook and with some additional money which had come in from other sources, the committee was able to employ Miss Howard and Mrs. Fowler on very modest salaries. This pair of devoted representatives travelled about the country conducting tests in thirty-six states. Everyone was eager to know what these tests were showing. Was New York Point showing up better than it had originally, or was braille still in the ascendancy?

After visiting a majority of the schools for the blind in the United States where either New York Point or American braille was in use, the committee felt that some tests should be made in a school where the British version of braille was in vogue. Practically the only school in North America answering this description was the one at Halifax, Nova Scotia. Accordingly, Halifax was visited and several scores of pupils were tested. Immediately, the agents were impressed by the facility with which these pupils read, and to their consternation a study of test sheets indicated a striking superiority of British braille over either American braille or New York Point.

A hasty meeting of the committee was called in Boston and the results to date reviewed. Twelve hundred American readers had been tested. They were about equally divided between New York Point and American braille. In most respects American braille had been demonstrated to be superior to New York Point, though New York Point had certain space-saving advantages resulting from its variable base which made books in that system more compact. Now they were confronted with results of tests made of British braille which seemed to show that that system was superior to either of the American systems. However, it was judged both dangerous and unfair to scrap the two American types on the showing made with British braille by hardly a hundred readers.

The data collected, however, was so convincing that when it was laid before the committee, it was apparent to all that neither American braille nor New York Point would survive. However, British braille had exhibited certain weaknesses, and if the slate were clean and a new system devised it seemed probable that a punctographic code theoretically superior to any of the three could be developed.

The committee feared that if British braille were adopted with all of its faults, some future student of the subject might again upset the whole world of the blind with a type controversy by promoting a scientifically demonstrable superior code. Therefore, it was decided to strike out boldly and work out an entirely new code—a code that would utilize the British or French braille alphabet and, for contraction purposes, utilize characters which had been demonstrated to be the most legible to represent groups of letters recurring with the greatest frequency in the English language—a code which would not only utilize a cell three dots high but would also utilize the variable base which had given to New York Point its space-saving and some other advantages.

Accordingly, on June 25, 1913, the committee recommended at the convention of the American Association of Workers for the Blind held at Jacksonville, Illinois, that an entirely new system, to be known as Standard Dot, be promulgated for use throughout the entire country, scrapping both New York Point and American braille.

The recommendations of the committee were approved when put before the delegates to the convention and the committee was directed to elaborate further the proposed system. This outcome was not a victory for any of the contending systems. The American braille code was discarded but the three levels of dots upon which it was based and the principle of frequency of recurrence, fundamental parts of the system, were retained. The New York Point code was also discarded but the variable base as well as the principle of frequency of recurrence was retained. The advocates of both systems were crushed, and they were left to take what comfort they could out of what remained, plus the fact that their hated rival had fared no better.

What is this British braille system that had shown up so well? What had been happening in England during all this time? In 1876 through the influence of the British and Foreign Blind Association, later the National Institute for the Blind, Louis Braille's French alphabet, with upwards of two hundred contractions and abbreviations adapted to the English language, won ascendancy over all other competitors as the reading code for the blind of Great Britain. Among its contractions were characters standing for ing, ch, sh, action, ally; and such abbreviations as shd for should, bl for blind, rcy for receive, dcv for deceive, etc. After several years' experience with the new code considerable dissatisfaction with its set of contractions had grown up throughout Great Britain. The *Hora Jucunda,* a braille magazine published in Edinburgh, opened its columns to a discussion of the merits and demerits of braille as early as 1893. Soon it began agitating for the appointment of a representative committee to revise the system.

In 1902 the various interested groups got together on a committee known as the British Braille Committee sponsored jointly by the British and Foreign Blind Association and the Gardner's Trust for the Blind. This committee, after some three years of work, agreed upon a new set of rules and contractions. This system was to be known as British Revised braille. The alphabet, numerals, punctuation and a few other signs made up what was called Revised braille grade 1. Revised braille grade 2 consisted of grade 1 plus some two hundred contractions and abbreviations. Revised braille grade 3 consisted of grade 2 plus upwards of a thousand more contractions and abbreviations. These contractions were selected largely on the basis of personal observation as to their usefulness and frequency of recurrence in English. Someone said that these contractions were an aggregate of individual preferences rather than a set of scientific symbols, as no extended study had been made to demonstrate their value.

However, this committee submitted its report to its sponsoring organizations in 1905 shortly before the meeting of the International Conference on the Blind in Edinburgh. The Edinburgh convention approved the report. This action, however, had no international significance because only a few foreign visitors attended this British meeting.

To revert to the American Uniform Type Committee in 1913—a more detailed study of British braille seemed called for. A careful study of the committee treasury and of the cost of travel to Great Britain and other financial considerations indicated that by scrimping painfully and omitting a printed report, and by travelling on the steamship at the lowest possible rate, the representatives of the committee could go to England and make a limited number of tests.

On the day before leaving for England Chairman Holmes received a letter from Mr. M.C. Migel in New York expressing his interest in the work of the committee and enclosing a check. No one unacquainted with the zeal of the Uniform Type Committee members can realize what this sudden discovery of such a financial sponsor meant to them. Now the representatives of the committee could travel in a dignified, comfortable way with resources which would enable them to visit several large centers of population in Great Britain where a sufficient number of blind subjects could be found to give conclusive results.

The representatives of the committee were Messrs. Fowler and Latimer, Miss Howard and Mrs. Fowler. They sailed in the early summer of 1914, and their stay in England coincided with the International Conference on the Blind in London.

Several other persons intimately familiar with the work of the Uniform Type Committee were also in attendance. The delegates were most cordially received by workers for the blind in Great Britain, who gave full support to the investigations carried on by the committee. Upon its return to America the work was begun on the development of the proposed Standard Dot system.

In 1915 the convention of the American Association of Workers for the Blind was scheduled for Berkeley, California, mainly to give its members an opportunity to visit also the Panama Pacific Exposition held in San Francisco, across the Bay. The sister association, the American Association of Instructors of the Blind, for the same reason had postponed for one year its convention originally scheduled for 1914, and had decided to hold a joint meeting with the American Association of Workers for the Blind. Before the two associations the Uniform Type Committee reported the completion of its work on the development of the Standard Dot code and recommended its adoption for general use. The American Association of Workers for the Blind accepted the report and adopted the new system. The American Association of Instructors of the Blind, composed mostly of seeing executives, was a little more cautious. It voted to accept the Standard Dot system only on condition that the British type authorities would do likewise.

The report also recommended that the Uniform Type Committee be forthwith discharged, as its work was considered finished. This was done, and in its place the two associations created the Commission on Uniform Type for the Blind to carry on the work.

Miss H. C. Russell was present at this meeting, representing the National Institute for the Blind in Great Britain. She was not overly optimistic about the acceptance of the new code by her British countrymen.

As one looks back on it now, in the light of what has happened since, it was naive of any of this group to think that the practical, hard-headed British authorities in control for the blind, who were perfectly satisfied with the type they then had, would accept any such proposal. As recently as 1905 the British had revised their code and at great expense had scrapped their old system of contractions upon the recommendation of a committee that had given long study to the subject. However, in a spirit of innocent optimism, Standard Dot was seriously proposed as a worldwide type for the English-speaking blind. The British studied the code and while the official correspondence on the subject was polite, they popularly dubbed it "Standard Rot" and would have none of it.

Under the date of December 15, 1915, Mr. W.M. Stone, Headmaster of the Craigmillar School for the Blind in Edinburgh, wrote an open letter to Mr. H.R. Latimer, Secretary of the new American Commission on Uniform Type for the Blind, which was obviously intended largely for home consumption. This letter which was published in the British periodical *Teacher of the Blind* for January, 1916, read in part as follows: "What is it that you claim for Standard Dot? I know what you will reply–uniformity, increase of accuracy, increase of speed. Well, we want uniformity, we want it badly; but we think there are other ways of reaching it. There would be uniformity if you adopted British braille. There are more readers of British than of any other system of punctography. People frequently talk as if British braille was the concern only of those living in the British Isles. It is the system of the blind of Australia, New Zealand, South Africa, Canada and India. It is as nearly identical with the braille of European countries as differences of language make possible, and it is actually read by great numbers of every European country. Therefore, if uniformity is to be the great gain, it is only reasonable to ask you to conform to our system. With regard to increase of accuracy, I must candidly say I think that accuracy after reaching a certain point is of little importance. I find that blind people, children or adults, read quite as accurately as seeing people. And the gain you show in accuracy is so very small, only two percent. You see I am accepting your figures, but it must be remembered they are only theoretically obtained, no actual tests between the two systems have been taken. There remains speed, which is equivalent to fluency. I think this is much more important than accuracy, for without ease there is no pleasure and without pleasure there is little real reading. Well, what is your claim for this point? Only a gain of six percent. It comes to this, then, so far as I have been able to work it out, that the sacrifices are what I have stated, and the gain is problematic increase of speed . . . ."

The universality in the use of British braille implied in Mr. Stone's letter was not as significant as it sounds. There were probably less than five hundred braille readers in all of India and the combined reading blind populations of New Zealand, Australia, South Africa and a small section of Canada using British braille was probably not greater than the reading blind population of New York and Pennsylvania. Furthermore, about all that was common in braille between Great Britain and the European countries he refers to was the alphabet, and Standard Dot utilized the British braille alphabet.

Two days later (December 17, 1915) Mr. Stone wrote a personal letter to Mr. Latimer which included the following paragraph: "I am so sorry that Standard Dot appears to us in this country impossible of acceptance. We don't doubt for a minute that it is a very good system, but then so is British braille, and why should we change to gain so little?

In the United States, also, Standard Dot met with little enthusiasm. It was clear within a few months that without British participation the new code would never go into practical use. It was evident to the most optimistic of Standard Dot devotees that there was no hope of arriving at a uniform code based on anything but British Revised braille. Mr. Latimer, Secretary of the commission, wrote a letter dated January 8, 1916 to Mr. Henry Stainsby of Great Britain reporting on a recent meeting of the Commission on Uniform Type. In this letter he stated that it was the unanimous opinion of the commission that cooperation with Great Britain as to securing one uniform type for the blind of the English-speaking world was still the paramount aim of the commission. He also stated that the commission would like to know, should the Americans undertake the adoption of the British braille system as the uniform type of the English-speaking world, would the British official representatives be willing to undertake the improvement of the British braille system in so far as contractions, capitalizations, etc., were concerned?

He reported that the commission had appointed a subcommittee consisting of Messrs. Olin H. Burritt, M. C. Migel and H. R. Latimer to take this matter up at once with Great Britain and suggested that the British appoint a similar committee that would be thoroughly representative and official.

The British took steps immediately to set up a corresponding committee. At the request of the British committee the commission proposed certain changes in the British braille system which in its opinion would not cause too much confusion to those already using the recently Revised British braille but which would make it much more palatable to the American students of the subject.

The American educators objected especially to certain abbreviations and contractions, upon the theory that it would make blind finger-readers poor spellers when they came to writing on the typewriter. The Americans also felt that the large number of contractions and abbreviations would be too difficult for many blind people to master.

The American subcommittee suggested that the customary rules for capitalization in inkprint be observed instead of disregarding capitalization altogether, as was the custom in British braille books. To Americans it seemed probable that British publishers would not have fallen into the practice of omitting capitalization entirely if it had not been for the fact that the two-dot capital sign in British braille was so obtrusive as radically to alter the word form. The committee also recommended that a few contractions having a very low frequency of recurrence, and many which had been demonstrated by the Uniform Type Committee's tests as having a low degree of legibility, be deleted from the Revised braille code. Among the former were such characters as the sign for "Christ," "Lord," "unto," etc., which were obviously designed to take care of words recurring with great frequency in religious literature; and among the latter were such characters as those for "still," "child," "enough," etc. The committee further recommended that fourteen others which effected a space saving of less than two hundredths of one percent be omitted as imposing a burden on new learners out of proportion to their space saving value, and that Roman numerals be followed by a period instead of an apostrophe.

Receiving no immediate reply from the British committee the American Commission on Uniform Type decided to cover itself by obtaining some additional authority from the American Association of Instructors of the Blind at its convention which met in Halifax in June, 1916. The commission recommended that that association adopt Revised Braille grades 1 and 2 as authorized in Great Britain, *provided however,* that the duly authorized English committee come to a full agreement with the American Commission on Uniform Type for the Blind concerning such modifications in Revised braille as had been proposed by the American commission or as might be proposed by either the American commission or the English committee.

The commission further recommended that it be continued and that it be expanded to include representatives of residential schools, public schools having classes for the blind, home teachers, embossed printing presses and libraries for the blind.

These recommendations were approved by the Association.

It should be borne in mind that in all this work the British authorities in the world of the blind were handicapped by the disruption caused by the first World War which during 1916 and 1917 was absorbing most of the thought and energy of the British people. This accounts in a large measure for the long delays which sometimes occurred between the transmission of American proposals and the British action on them. However, British interest in the subject of uniformity was evinced in the formation of the National Uniform Type Committee on July 28, 1916, with Sir Arthur Pearson, of St. Dunstan's fame, as chairman.

In March, 1917 the Commission on Uniform Type received a letter from Sir Arthur Pearson which reads in part as follows: ". . . . The suggested changes in braille contained in your report of March, 1916, have been carefully considered . . . . by the National Uniform Type Committee as a whole.

"It appears to us that many of the suggestions of your committee have been made with a view to eliminating certain difficulties which are assumed to exist, but our experience of British braille leads us to believe that these difficulties have assumed a rather exaggerated importance in your consideration . . . .

"The National Uniform Type Committee is quite cognizant of the fact that the present system of British braille is capable of improvement but their experience leads them to the belief that improvement does not lie along the lines suggested in your report.

"We deeply regret that after long and most careful consideration we have been forced to the conclusion that the proposed changes would not be acceptable to users of British braille, and would tend rather to weaken the system than to strengthen it. They seem to us indeed to be, if we may say so, of a minor and somewhat vexatious nature which, while of sufficient importance to derange existing knowledge of braille, are not of real value in securing its perfection . . . .

"We shall, of course, be most happy to consider any further suggestions which due consideration may lead you to offer, and we once more assure you of our earnest desire to arrive at conclusions which will benefit the English-speaking blind community in the manner which we both desire."

The British committee did not vouchsafe for the consideration of the American commission any changes in the braille system which might be acceptable to them as improvements.

Failing to obtain any concessions whatever from the British braille authorities, the commission decided that America should go it alone for the time being. Its recommendations to the American Association of Workers for the Blind at its 1917 convention in Portland, Maine, were designed to bring about the adoption of a uniform type for the United States which would be entirely legible to British readers and at the same time leave the way open for future negotiations to bring about the addition to the American system of as much of the temporarily rejected portion of Revised Braille grade 2 as might later be agreed upon. To this end the following recommendations were made and adopted by the American Association of Workers for the Blind:

> "That the association, in adopting this report, expresses its earnest desire to have the question of uniform type settled without further delay.
>
> "That the commission be authorized to draw up, as soon as possible, a form of "Revised Braille" based upon the present grades 1 and 2 to be designated for the present as grade 1½.
>
> "That the said grade 1½ shall consist of the alphabet, punctuation marks, numerals, and all single-cell contractions of grade 2, except such few characters as for special reasons it may seem wise to revise (such as the substitution of dot 6 for the present capital sign) with the understanding that no new contractions be introduced.
>
> "That the joint commission as now constituted shall be a permanent board vested with final authority in matters pertaining to uniform type; and that all printing houses be urged to conform to its rulings in actual practice."

In 1918 the American Association of Instructors of the Blind also endorsed the work of the Commission on Uniform Type, and thus the commission was set up as a preliminary board vested with the final authority in matters pertaining to uniform type for the blind.

The commission, acting under its delegated powers, now officially adopted for use in the United States Revised braille grade 1½ as the uniform type for the blind of America, while utilizing mathematical and chemical notations of the British as standard.

The following year the commission agreed that the British key to the braille music notation together with such additions and amplifications authorized by the National Institute for the Blind in London, should be the standard, except that the text to be published in the United States should conform in its verbal text to grade 1½ of Revised braille. So far as America was concerned, it now had a uniform type which it believed would be equally usable by British and American finger-readers. Experience, however, showed that the British made comparatively little use of American books partly because the libraries for the blind of Great Britain did not offer many such books to the readers and partly because facile readers of grade 2 in England were slowed down in their reading by the fact that grade 1½, by the omission of so many contractions, presented to the finger in practically every sentence several words which had an altogether different form from that to which the reader was accustomed. Obviously, there was much yet to be done before the benefits of a uniform type for the English-speaking world could be enjoyed.

In 1919 the Commission on Uniform Type asked the American Printing House for the Blind to employ a competent man to make decisions regarding the various phases of work involved in printing for the blind, the standardization of printing, etc., use of types, etc., said man to be thoroughly conversant with the technical and educational problems involved in printing embossed books and the manufacture of apparatus for the blind. This man was supposed to act on all technical and educational questions in conjunction with a joint committee to be appointed respectively by the trustees of the American Printing House for the Blind and the Commission on Uniform Type for the Blind. The failure of the trustees of the American Printing House for the Blind to pass favorably upon this request made it incumbent upon the chairman of the commission to appoint various subcommittees to carry on the work contemplated.

One of these subcommittees was concerned with international unity. One more attempt was made to win British cooperation. Mr. Burritt and Mr. Latimer wrote a joint letter in behalf of the commission to the British authorities reporting that a new subcommittee had been appointed to act with the British as an international subcommittee on uniform type. Nothing came of this beyond an invitation to come to England to study their braille reproducing processes which, according to Sir Arthur, had then reached a "state bordering on perfection."

The American blind were tired, however, of changes. Many still living had first learned linetype, then New York Point, then American braille, then Revised braille grade 1½. The rank and file of finger readers had a good deal of sympathy with a speaker at one of the national conventions who in a burst of oratory said, "If anyone invents a new system of printing for the blind, shoot him on the spot." It was deemed wise, therefore, to let the discussion of complete uniformity between the United States and Great Britain lie dormant for awhile.

In 1922 the Commission on Uniform Type gave its report to the American Association of Instructors of the Blind and recommended that it be discontinued and that its powers be delegated to the newly-organized American Foundation for the Blind. The same recommendation was made by the Commission on Uniform Type to the American Association of Workers for the Blind at its convention in Janesville in 1923. The recommendation was adopted and the Foundation accepted the responsibility. It, however, exercised its powers with great reserve because it felt that the instructors' association whose members controlled most of the braille printing in the United States had not acted entirely favorably upon the delegation of authority. It was natural that the printing houses and the men who controlled them should be conservative about making any more changes in the braille system. The abandonment of New York Point and American braille had been a costly action as it meant the scrapping of a supply of tens of thousands of braille plates which had been manufactured at so much expense over so many years.

The American Printing House, in the meantime, went forward with the publication of a new set of textbooks and supplementary reading matter in braille grade 1½. Most current magazines adopted grade 1½ and practically all the books of any kind published for the blind in the United States between 1917 and 1932 were in this grade of braille. The matter was left dormant until the late 1920's when the American Foundation for the Blind began to study the relative merits of grade 1½ and grade 2 from a somewhat new standpoint.

Investigation showed that grade 2 occupied some twelve percent to fourteen percent less space than grade 1½ and could be written with the use of a substantial percentage of fewer dots. Furthermore, the advantages of interchanging books with Great Britain where large numbers of interesting titles were being produced each year, could not further be ignored. While the British readers looked longingly at the rapidly growing selection of titles in grade 1½, they claimed that they could not read it as rapidly as grade 2. At first the Americans felt that the contention that grade 1½ could not be read as rapidly as grade 2 by experienced grade 2 readers was just an illustration of British obstinacy. However, there was a psychological basis for this British contention. Rapid finger-readers, like visual readers, do not spell out words character by character; they come to recognize many common words, especially short ones, by their word form. Many words as written in grade 2 have an entirely different word form than the same word in grade 1½. For example, "nation" in grade 2 using an "n" followed by the two cell contractions for "action" contains only three braille characters, whereas "nation" written in grade 1½ contains six characters.

As a result of this psychological objection, aggravated probably by a certain amount of prejudices, few grade 1½ books were used in England except by students and other avid readers who were willing to tolerate the annoyances of grade 1½ for the sake of being able to read certain titles not available in grade 2.

Some of the younger blind men in Great Britain as early as 1929 began urging that something be done to meet the Americans part way in order to bring about a uniform braille code. In that year the writer, who had then been appointed the executive director of the American Foundation for the Blind, stopped in London on his way to an International Conference on Work for the Blind in Vienna. He found that the British authorities were willing to make a few modifications to grade 2 if these modifications did not involve any particular inconvenience to their readers. They were also willing to consider the dropping of a few signs which were originally included because of their frequency of recurrence in religious literature, such as the sign for "Christ," etc. It was apparent, however, that few concessions would be made to appease the American reader.

The author, upon his return to the United States, launched a campaign among blind people to sell the idea that uniformity was worth one more sacrifice. It was pointed out that so long as there was lack of uniformity between the British and Americans, the subject was bound to keep cropping up. Mass meetings of the blind were held all over the country. Thousands were addressed on the subject. It was most gratifying to find how large a proportion were willing once more to undergo the inconvenience of learning a new system for the sake of stopping the waste resulting from duplication.

Perhaps the most cautious among those interested in the subject were the seeing superintendents who controlled the American Printing House for the Blind. When they learned that the executive director of the American Foundation for the Blind was in England sounding out the British authorities on the possibility of making some concessions to bring about the adoption of a uniform type, a committee of the American Printing House, the board of trustees, composed principally of men who were also trustees of the American Foundation for the Blind, sent the director a cable, a copy of which does not seem now to be extant. However, the substance of the cablegram, which was concocted at a meeting in Louisville, Kentucky, was as follows, "We are not sure what you are doing in your effort to bring about international braille uniformity, but whatever it is, please desist." Fortunately for the director's peace of mind the cablegram did not reach him until his conferences with the British authorities were over.

At the World Conference on Work for the Blind held in New York in 1931 some of the British delegates expressed themselves as interested in greater braille uniformity. There were many informal discussions of the subject between the American and British though nothing official was done. The fact that during that year the United States Federal Government began an annual appropriation of $100,000 to meet the cost of printing books for the adult blind was probably not without influence with the more canny British representatives of the blind. Therefore, when the formal approach to a new consideration was made by the American Foundation for the Blind the British were ready to receive the Americans with cordiality but not prepared to make much in the way of concessions.

In 1932, public opinion had shifted to such an extent that a committee of three was appointed, commissioned both by the American Association of Instructors of the Blind and the American Association of Workers for the Blind to go to England with plenary powers to agree upon a uniform braille code.

On July 19, 1932, the agreement sometimes referred to as the Treaty of London was signed by the representatives of the blind of Great Britain and of the United States. A key to the slightly modified code was drawn up in London before the committee adjourned. The burden of the job was borne principally by Louis W. Rodenberg of the American committee and Miss D. A. Pain in behalf of the British.

What changes were made by this agreement? Not many, so far as British braille was concerned. The more or less valuable religious signs were dropped so far as general usage was concerned though they were permitted in religious books. Publishers were directed to be more careful about not bridging syllable divisions with contractions. Roman numerals were to be followed by a period, not an apostrophe. Capitalization was made optional with the publisher. The British two-dot capital sign and the one-dot italic sign were interchanged. The British raised little objection to switching the capital sign and the italic sign because in general they didn't intend to make much use of them anyway.

Grade 2 was now ready for general use in the United States. The Library of Congress, which pays for the publication of most of the braille books embossed for blind adults in the United States, adopted the new grade 2 immediately.

The Treaty of London was confirmed by the American Association of Workers for the Blind at its meeting in Richmond in 1933, and by the American Association of Instructors of the Blind in St. Louis, Missouri, the following year. The American Printing House adopted the Standard English braille grade 2 for its junior and senior high school textbooks.

Upon the unsubstantiated dictum that the use of contractions makes bad spellers, and upon the contention that grade 2 contains so many contractions and abbreviations that it is too difficult for the primary pupil to learn, the authorities of the American Printing House were very slow to publish lower grade books in any code more contracted than grade 1½. Gradually, however, grade 2 was extended downward until since 1950 few books except for children of the first grade are published in grade 1½. This slow adoption of Standard English braille grade 2 has probably resulted in a generation of poor braille readers, because the method of teaching reading has forced children to familiarize themselves with three successive groups of word forms; first, the word form presented to the finger by grade 1 (full spelling) used in the lower, primary grades; second, the word form of grade 1½ used in books below junior high school; and third, the word forms of grade 2 in which books to be used by most adults are printed.

During all this discussion, great hopes were held that uniformity would prevent duplication and bring about a cooperation among American and British publishers that would make the available funds purchase much more extensive libraries. It was hoped that in some way some kind of physical exchange of books would be worked out. As a matter of fact, while the Treaty of London was being negotiated a representative of the American Printing House and a representative of the Library of Congress went to London to discuss with the braille book publishers of that country methods of exchange of books. The basis of exchange was agreed upon, but were never carried out in more than a token fashion. Some few books were exchanged, and in a few instances the braille plates of one country were loaned to the printing houses of the other country so that books could be printed without the actual exchange of money. The whole matter was somewhat complicated by restrictions placed upon the British authorities in buying abroad. In America the Library of Congress has felt hampered by a prejudice against the spending of American tax dollars for British books when the same books could be manufactured in this country if enough money were paid for them; that is, if the Library of Congress, who might want ten or fifteen copies of a book, would be willing to pay enough for those books to meet the cost of making plates, the books could be made in the United States and the American money kept at home.

The printing houses for the blind in this country must bear some responsibility for the fact that this exchange did not work. They were anxious to keep their plants running at full capacity, and resented seeing part of the federal appropriation for books for the blind spent in England. But this was not the only reason why the exchange of books never became active. The Library of Congress had hoped that the American Printing House, or some other agency for the blind, would obtain British books in exchange for American books and then sell these British books to the Library of Congress. As the American Printing House and other American braille publishers had no desire to tie up their money in stocks of British-made books which they had no binding assurance would be purchased by the Library of Congress, nothing was done about it.

This whole matter could be solved by the Library of Congress if it would face the criticism of a policy of spending money abroad and would purchase such of its required books from England as are already published in braille in that country.

Perhaps this will not take place until someone puts behind this idea something of the drive which brought about the adoption of a uniform type for the English-speaking world. Doubtless, sooner or later, someone will take this matter up aggressively and put an end to the duplication of books published in braille in the United States and Great Britain.

In this connection, it may be contended that British-made braille books will never be as popular in the United States as they could be until British publishers print their books properly capitalized as judged by standards for inkprint books.

We in America have been critical of the British for not collaborating with the Americans in the development of a uniform type for the blind people of both the British Empire and the United States. The Americans, however, have not been entirely without blame. For example, as early as 1902 Dr. F. J. Campbell, later Sir Francis Campbell, wrote a letter in behalf of the British Braille Committee to the American Association of Instructors of the Blind which was meeting in Raleigh, North Carolina. It read in part as follows: "During the last week in April a large and influential conference was held in London under the auspices of the Gardner's Trust for the Blind . . . .

"Among many subjects which were discussed at the conference the great need of a uniform system of reading and writing for the blind was felt to be of such importance that a representative committee was appointed to carefully consider the methods now in use in this country and in America, and to adopt, if possible, some system which from its simplicity and general excellence would be acceptable throughout the English-speaking world.

". . . . We hope that your conference may result in great benefit to the blind in the United States, and we welcome the opportunity of commending to you this difficult problem which we have been requested to consider.

"We trust that the convention will appoint a representative committee to correspond and exchange views with the English committee, in the hope that our joint deliberation may finally evolve a system which will be acceptable to both countries . . . .

"The adoption of one system of point writing for the English-speaking world will cheapen books and bring the embossed literature of America, the United Kingdom and Colonies into common use among the blind . . . ."

This letter was sent to Mr. John E. Ray, Superintendent of the North Carolina School for the Blind and given by him to Mr. Benjamin B. Huntoon, recording secretary of the association. Dr. Campbell said at the 1907 convention of the American Association of Workers for the Blind that he learned later that Mr. Huntoon and Mr. Wait, chairman of the executive committee of the American Association of Instructors of the Blind, thought it better to put the letter away without reading it to the convention.

Thus, both sides were at fault during the long struggle for a uniform type for the blind for the English-speaking world.

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